

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

a Benn publication

October 9 1982

RPA protests  
over option  
forms—but  
still backs  
Clothier

Contraceptive  
advice from  
pharmacist—  
RPA report

Vetric launch  
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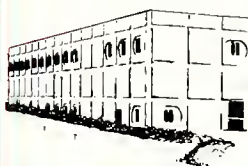
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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

October 9, 1982

Volume 218 No 5340  
124th year of publication  
ISSN 0009-3033

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Published Saturdays  
by Benn Publications Ltd  
Sovereign Way, Tonbridge,  
Kent TN9 1RW  
Telephone: 0732-364422  
Telex 95132

Subscription:  
Home £42 per annum  
Overseas & Eire £52 per annum  
including postage  
85p per copy (postage extra)



Member of the Audit  
Bureau of Circulations

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## COMMENT

### A rural 'ride'?

Sunday's meeting of the Rural Pharmacists Association (p661) was called in anger, to protest at the decision to allow dispensing doctors to issue the patient option forms proposed under the Clothier Committee recommendations. There was talk of legal action in the form of an injunction to prevent the pharmaceutical negotiators accepting the proposals (at a meeting scheduled for Wednesday as C&D went to press). There was even talk of calling for resignations, of mass lobbying of MPs and the like. But in the event, the few members of RPA able to attend the meeting decided that discretion was the better part of valour. And probably rightly so.

In the end it became a question of whether pharmacy should take what it can from Clothier, warts and all, and fight for improvements later — or return to open warfare, which the profession was losing before the truce signified by the "standstill". Clearly the mood of the meeting was not to put the benefits of Clothier in jeopardy, and several speakers accepted that no option form procedure could totally eliminate the doctor's ability to influence patients in their choice.

But despite the decision in favour of Clothier, there remain those who have misgivings about its beneficial effect on the rural pharmaceutical service. It can be argued, for example, that the arrival of the basic practice allowance, together with the Essential Small Pharmacies Scheme, has changed the whole picture since the committee began its deliberations. As things stand, it is not impossible for pharmacy to answer the threat of new doctor dispensing with a counter-threat (or even actual) opening of satellite pharmacies, perhaps part-time, which could claim the one-mile limit and so deprive the doctors of an essential core of patients. Regulations made under Clothier could prevent such a reply, just as they would stop the extension of pharmaceutical services into areas such as

the estates so frequently built on the edge of expanding rural communities already served by dispensing practices — a point made at the meeting by Mr Lawrence Collin of Great Wakering fame.

Whether the above limitations are fact or fallacy will depend upon the decisions made in the dispensing subcommittees — the "case law" as one RPA member put it. Given good decisions, the pharmaceutical service *can* be expanded, because for the first time we have an opportunity to reclassify the so-called "rural" area in line with actual populations and their needs. And with compensation available, no-one should have to be concerned about depriving the doctors of their livelihoods.

But to get favourable decisions we have to convince the lay committee members of the benefits of the pharmacist in community care — and show that they are additional to the benefits provided by the doctor. As Mr Madge, RPA chairman, said: "The strength of the doctors has been the ignorance of the public; the strength of the pharmacist will be the education of the public."

And this appears to be where the RPA could better exert its influence — in convincing the NPA that there should be a special place for rural pharmacy in the proposed advertising campaign, in convincing the Society that there should be a dispensation for rural service advertising similar to that available in respect of agricultural and veterinary pharmacy (both ideas put forward at Sunday's meeting). These are pleas that should be heard because, as we said last week, the whole profession is affected. Either pharmacists must prove that they provide an essential service, and take steps to provide it to all patients — or it can (and will) be argued that their service need be provided nowhere.

## FPA backs pharmacist advisory role

A new role for community pharmacists in the provision of family planning information and advice is urged in a report published this week.

Pharmacists should be encouraged to offer information on contraception and related areas in the non-threatening environment of the pharmacy, the report says. Produced by the Family Planning Association, with the co-operation of the Pharmaceutical Society, it makes the point that neither organisation sees this as an alternative to present GP and clinic provision, but rather as an adjunct.

Every day six million people in the UK visit pharmacies. The report says the 11,000 community pharmacies nationwide could be a particularly important source of advice for those who do not use existing contraceptive services. An outline of the report has been sent to all community pharmacists.

### Leaflet distribution

The next stage of the project, which started in 1980 will see a trial distribution of free family planning information and leaflets to 800 pharmacy outlets early next year. Mr Bruce Rhodes, assistant secretary at the Pharmaceutical Society, explained the outlets had been chosen in two ways. Some 400 pharmacists in Lincolnshire, Surrey and Mid-Glamorgan were individually approached and asked if they would be prepared to participate in the project, and 85 per cent responded positively.

Another 400 pharmacists will be selected in three other specific areas (as yet undisclosed) and sent the same information without any prior contract. By comparing the two groups it is hoped to gauge how committed pharmacists are to the idea of giving family planning advice. It is hoped to be able to extend the scheme nationwide by the end of next year.

### Trial details

Material to be used in the trial is still being developed, but will probably consist of leaflets already distributed by the Family Planning Information Service to clinics and medical practitioners. The FPA say these do not occupy too much counter space, and will be much more widely accessible from pharmacies.

The report sent to community pharmacists outlines work done on the

joint project by the FPA and the Pharmaceutical Society, and is entitled "Family Planning and the Pharmacist — the case for greater involvement". The FPA is a charity providing information and education services to the public and the professional on relationships, contraception, the NHS family planning services and related topics. With the Health Education Council it runs the Government-funded Family Planning Information Service.

### Survey results

The decision to explore the possibility of extending the primary health care role of the pharmacist with reference to family planning was taken in 1980. In Autumn 1981 a random survey was carried out of 660 pharmacies, which resulted in a 90 per cent response. Of the respondents 85.5 per cent saw giving information in this field as part of their future role. Overall the survey showed that many pharmacists were already being consulted about contraception and sexually transmitted diseases, and pregnancy testing was provided in 31 per cent of pharmacies.

### Pharmacists 'accessible'

Benefits of an extended pharmacy contraceptive role, says the report, are the geographical distribution of shops that are available to the majority of the population, and their accessibility "in a way the clinic or GP can never match". The pharmacist-customer relationship is not formal, and communication demands the minimum of arrangement and involves no obligation. The pharmacy as a source of contraceptive information can be readily publicised and is ideally situated to display a self service selection of literature, the report adds.

The report includes 12 conclusions and recommendations. Among these are that "the professional skills of the pharmacist should be acknowledged and his role should be recognised as a component of the primary health care service", the additional advisory and information giving capacity should be recognised and the extended role should be taken into account in discussions to adjust the basic method of payments to pharmacists".

### Courses

Courses in family planning appreciation are being planned for pharmacists by the FPA, possibly in collaboration with the National Pharmaceutical Association. However, Joyce Rosser, FPA education officer, says these will not deal with the clinical and pharmacological aspects of contraception but rather with attitudes and feelings, and communication skills.

The full report on which the booklet sent to community pharmacists is based is "Pharmacy, contraception and the health care role", by Philip Meredith, available at £3.50 from the FPA. This, and further information on education courses and the Family Planning Information Service range of literature can be obtained from 27 Mortimer Street, London W1N 7RJ (telephone 01-636 7866).

## Calendar packs endorsement

Pharmacist contractors appear to be confused concerning the dispensing of calendar packs, according to a statement issued this week by the Pharmaceutical Services Negotiating Committee.

The majority of calendar packs consist of two or more strips of 14 tablets (sub-packs) and agreement has been reached between PSNC and the Department of Health, following approval by the British Medical Association, that the nearest calendar pack complete strip (sub-pack) to the quantity ordered may be supplied. For example:

1. Tabs Inderal LA  $\times$  21  
Endorse "2  $\times$  14 supplied" (ie an original complete pack)
2. Tabs Tenorimin  $\times$  100  
Endorse "7  $\times$  14 supplied (from 20  $\times$  14 pack)
3. Tabs Diurexan 20mg  $\times$  50  
Endorse "4  $\times$  14 supplied" (from 10  $\times$  14 pack)

In the absence of an endorsement (PSNC strongly advises endorsement of the quantity supplied) payment will be certified on the quantity of sub-packs nearest to the quantity prescribed. If a product is presented in a calendar pack and a bulk pack, the pharmacist's professional judgement should be used to decide which is appropriate. Payment will be certified on the basis of the endorsement.

A complete list of calendar packs will appear in the next edition of the PSNC "NHS Newsletter" due to be mailed to contractors shortly.

## Supermarkets 'pervert' pharmacy service

The profession of pharmacy is falling further and further into the clutches of "unacceptable market forces," Mr Dengar Evans believes.

Speaking at the Welsh Pharmaceutical Conference at Gwbert-on-Sea, Dyfed on Sunday Mr Evans of Tretomas, cited the establishing of pharmacies in various supermarkets as evidence of a trend away from a patient-orientated profession. Mr Evans told *C&D* this would "pervert and ultimately destroy the service pharmacy is designed to give."

Mr Evans says he is tired of making passionate and eloquent speeches and now believes that appropriate legislation is the way forward. He proposes the establishing of an eight-person committee comprising two representatives from the PSGB, PSNC, NPA and the Guild of Hospital Pharmacists.

This committee would "appoint, nominate or select MPs to act as consultants to the profession" and to meet regularly with the committee to work out a legislative goal — one of establishing a better pharmaceutical service.

Mr Evans objects to "faceless financial" groups that can operate a pharmacy as long as they employ a pharmacist. He is in favour of restricting distribution of ownership of pharmacies. "All pharmacies should be owned by pharmacists with no fewer than two pharmacists engaged in each one."

## Political parties play it safe on NHS

Purpose-built health centres, including provision for a pharmacy, are strong candidates for inclusion in the plans for increased public expenditure which a Labour government would undertake to revive the construction industry and reflate the general economy.

*C&D*'s parliamentary correspondent writes that events at the Blackpool and Brighton party conferences have demonstrated both the parties have opted for a "play it safe" approach to the problems of the NHS, in the run-up to the next general election. Even before its conference, the Conservative party had decided to shelve consideration of its "think-tank" proposal that the Government should encourage wider use of private health insurance schemes in order to curtail public expenditure on the NHS (*C&D* Sept 25, p556).

Predictably this approach was branded by Labour as an attempt to "dismantle the welfare state," but Mrs Thatcher's retreat is probably influenced more by the opposition encountered from the so-called "wets" in the cabinet and their supporters on the Tory back-benches.

Signals given by the Labour leadership

# 1982 CHEMIST ASSISTANT OF THE YEAR COMPETITION

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## Two results from the regions

Winner of the London regional final was Avril Cruze of Ashworths Chemist, 64 High Street, Ruislip, Middlesex pictured left being presented with her sash by John Morl, director of Macarthys Ltd. In second place was Doreen Fox of L.C. Lawrence, Wilmington, Kent and third Mrs I. Johnson of Kingswood Chemist, Sevenoaks, Kent.

At the Norwich regional final Mrs Irene Jackson of J.M. Brunt, 1a High Street, Brandon, Suffolk won a place through to the Grand Final. Pictured below with her are the other contestants Mrs Ellen Smith of F.N. Webb Ltd, Southwold, Mrs Avis Rounce of Rees T.

Coghan, Aylesham and Miss Elizabeth Lillie of Northtown Pharmacy Ltd, Great Yarmouth. Mr Morl was again on hand to distribute the cheques and winning sash and all the regional finalists at both venues were presented with their Aynsley China Bowl of Flowers, a gift from Tampax.



indicate that the emotive appeal of the "corner chemist shop" is such as to ensure its immunity to any new wave of outright nationalisation. However, the decisive vote against a frontal assault on retail pharmacy does not mean there is no longer any cause for concern over Labour's determination to cut back the role of the private sector in the NHS.

## Man facing charges found dead in bed

An Enfield man facing a number of criminal charges was found dead in bed, Wood Green Crown Court heard this week. Mr James Donald Carter, 25, unemployed, of Perrymead, Enfield, was facing charges including burglary, theft and possessing both pethidine hydrochloride and cannabis resin.

The most serious charge he faced was the alleged burglary of Dallas Chemists, 88 Turners Hill, Cheshunt, between May 22-25 last year, when property and drugs worth £2,000 were stolen.

After hearing evidence that Carter was deceased Judge Butter ordered that the charges should be marked "null and of no legal effect."

## European health care

The UK and Italy are the "odd men out" in Europe because most of the health care burden falls directly on the tax payer. Elsewhere there is much more of an insurance element in the payment for services, and the services themselves are provided by churches, charities companies, and trade unions as well as the state, according to the latest Office of Health Economics briefing — "Ill in Europe."

In Britain the bulk of health care costs are carried by the NHS — £13,100m (95.5 per cent) in 1981 out of £13,700m. Health insurance agencies paid out £205m (1.5 per cent) and the remaining 3 per cent came from private incomes.

The report goes on to describe the means by which health care is provided in other European countries, ranging from the Italian and the Danish systems, which most closely resemble the UK, to that in West Germany, where over 90 per cent of people belong to a statutory health insurance scheme.

OHE Briefing no 20 "Ill in Europe," price £0.50, available from *OHE*, 12 Whitehall, London SW1A 2DY.

# Pharmacist did not 'hold himself out' to be GP

A top bank official alleged in London that he was examined in his Berkshire home by a local pharmacist who told him he was a medical practitioner, the Statutory Committee of the Pharmaceutical Society heard last week.

Mr Cyril Townsend, general manager of the National Westminster Bank, told the Committee that the pharmacist, Dr Philip Phillips, of Winchcombe Road, Twyford, produced a torch-like instrument and examined his throat. They then walked to the pharmacy in London Road where the pharmacist prescribed some tablets and charged Mr Townsend a fee.

The Committee decided that it was not necessary to remove Dr Phillips from the Register but reprimanded him on each of the matters found proved. They had been considering a complaint that Dr Phillips held himself out to be a medical practitioner and supplied and prescribed erythromycin tablets after examining a patient's throat in September, 1980.

Dr Phillips had also faced allegations of professional misconduct arising from his conviction at Bracknell Magistrates Court in December, 1981, of book-keeping offences; a charge of failing to comply with a requirement made by an inspector of the Society; and supplying a Prescription Only Medicine without a prescription.

Mr Townsend had told the Committee that he was suffering from a sore throat, and asked his wife to obtain some lozenges. An assistant at the pharmacy told her that Dr Phillips was out, but would return shortly.

Said Mr Townsend: "About half an hour later, I answered the doorbell and saw a man who introduced himself as Dr Phillips. He said he had come as a result of my wife's inquiry. I asked him in. I was curious because I thought I knew all the doctors in the district and I asked him if he was a medical practitioner. "He informed me he was, but had ceased a practise as he was now in the chemist business."

Mr Townsend said that his throat got worse, and next day his own doctor, Dr Peter Tooley, advised him to stop taking the tablets prescribed by the pharmacist. Dr Tooley formerly of London Road, Twyford, said he made a complaint to the Society against Dr Phillips as a result of the incident.

Mrs Joy Wingfield, an inspector of the Society, said she visited the Twyford pharmacy on February 23 last year to investigate the complaint by Dr Tooley. Dr Phillips told her that the prescription for Mr Townsend was dispensed as an emergency. He refused to let her look at the prescription book.

Mr Gordon Appelbe, head of the Society's law department, said that on May 19 last year he and Mrs Wingfield saw Dr Phillips in his dispensary.

Dr Phillips denied that he was challenged by Mr Townsend as to whether he was a qualified medical practitioner, and insisted that the tablets were dispensed under emergency supply regulations. In evidence, Dr Phillips denied that he told Mr Townsend he was qualified medical practitioner when he examined him. He said that he was a PhD of London University. He did not deny Mrs Wingfield's account of their first conversation, but added: "I was presumed guilty by Mrs Wingfield before she asked to see the prescription book. She was very officious."

The Society was treating him very unfairly, he said. He believed he was acting within the spirit and letter of the regulations by prescribing and dispensing the treatment for Mr Townsend. His only offence was failing to state in his prescription book the nature of the emergency for which the medicine was prescribed.

Sir Carl Aarvold, chairman, said the committee was satisfied that the matters on which Dr Phillips was convicted at the magistrates court, had been proved. The Committee was not satisfied that there was a proper issue of a Prescription Only Medicine in an emergency in accordance with the regulations.

The allegation that Dr Phillips held himself out to be a medical practitioner when he examined Mr Townsend had caused everybody very grave concern. "But having looked at all the evidence with the greatest possible care, this Committee has come to the conclusion that we are not satisfied that he did hold himself out to be a medical practitioner on that occasion."

## Unsupervised sales

A 15-year-old schoolgirl was left in charge of a West Wickham pharmacy when a Pharmaceutical Society inspector paid a visit.

The owner, Mr Patrick Logan, said he was "saddened" to learn that the girl, a part-time assistant, had been left in charge by two assistants, and he explained that he had been out dispensing [and delivering] medicines for another patient.

The inspector, Mr William Fowler, said the schoolgirl sold pharmacy only medicines to him and his wife on March 15, 1980, in the absence of a qualified pharmacist. Mr Logan, of New Cross Road, New Cross was subsequently convicted at Croydon Crown Court of four offences involving unsupervised sales of medicines, and fined a total of £100.

Mr Logan was appearing before the Committee to explain his convictions and answer a complaint by the Council of the PSGB that prescriptions were dispensed and supplied when the shop was not under the personal control of a pharmacist and that items outside the General Sales List were not dispensed under the supervision of a qualified pharmacist at S. F. Hooper Chemist, Croydon Road, West Wickham.

The assistant, Miss Jane Pritchard, said she arrived at the pharmacy at 2pm on the day in question shortly afterwards Mr and Mrs Reid, who were running the dispensary, left for lunch. She was alone when Mr Fowler and his wife came in to make their purchases. "Mr Fowler identified himself as an inspector and asked to speak to the pharmacist," he said. "I said they were out at lunch but would be back in quarter of an hour. I was referring to Mr and Mrs Reid. I believed they were pharmacists". She added that the Reids dispensed prescriptions while she was working in the shop and that she had handed out



Unichem pharmacist, Mr Howard Melling (second from left) of H.F. Melling Chemists, Swansea, was one of 12 lucky winners of £100 Solar Touriste travel vouchers — prizes in Unichem's special Johnson & Johnson "Pure value promotion" for May, June and July. Pictured from left: Mr Jim Sims, Swansea branch manager, Howard Melling, Mr Kevin Bridges of Johnson & Johnson Ltd, and Mrs Virginia Melling

prescriptions to customers that day.

Mrs Margaret Reid told the committee that she was employed as a dispensing assistant by Mr Logan for six to seven months before the incident in 1980.

She worked all day on Saturdays at West Wickham. Her husband drove her to the pharmacy, but did not take any part in the running of the business. Mrs Reid added that she could not remember what time Mr Logan left the pharmacy that day, and she did not remember handing out any prescriptions in his absence.

Mr Fowler said that when he questioned Mrs Reid she confirmed she had dispensed and handed out 12 prescriptions while Mr Logan was absent.

Mr Logan told the committee that he was on duty in the pharmacy until 12.35pm that day. Just before lunch, a doctor telephoned and asked him to make an urgent delivery of oxygen and medicines to a patient near Covent Garden. The doctor said he would arrange for the prescription to be left at Mr Logan's Drury Lane pharmacy. Mr Logan said he drove to Covent Garden, picked up the prescription and dispensed the medicine before taking it and the oxygen to the patient.

He then went to another pharmacy he owned at Greenwich to pick up some drugs for another patient. He had only just arrived when he received a telephone call informing him that Mr Fowler had visited the West Wickham shop that afternoon.

Mr Logan said he was confident when he left West Wickham that Mrs Reid would tell any customer wanting prescriptions to call back later when he would be there, or take the address of the customer and arrange for medicines to be delivered by him later. "Mrs Reid should not have left the shop while I was gone, it saddens me to think that Mr Fowler found only Miss Pritchard in charge of the pharmacy", he added.

The hearing was adjourned to October 28.

### Reprimand for theft

When drug deliveries to a Hampshire pharmacy went missing last year police arranged for the wholesalers to mark boxes with invisible ink. A subsequent search of the pharmacy uncovered one of the boxes which the pharmacist claimed had not been delivered.

Appearing before the Committee to explain convictions on two theft charges at Fareham magistrates court last October was Mr Ashokkumar Ramji Shah of Stubbington Green near Fareham.

Mr Josselyn Hill for the Society, said Mr Shah pleaded guilty to stealing one box of Symmetrel worth £16.59 on September 10 last year and 140 Trasidrex tablets and 100 Stugeron Forte tablets worth together £21.91 belonging to Graham Tatford Company Ltd on September 2.

He was fined a total of £300 and ordered to pay £35 costs.

Detective Constable Richard Maddison, stationed at Fareham, said Mr

Shah at first claimed that he had made a mistake in reporting that the box of Symmetrel had not been delivered and said he was going to inform the wholesalers the following day. Later he admitted stealing the tablets and similar offences on September 2.

Mr Shah told the Committee he experienced many shortages and wrong deliveries of drugs from his wholesalers during the three years he had been running Davies chemist shop. When he accidentally dropped half a bottle of expensive drugs in his dispensary he decided to make up the loss by claiming he had not received some of the drugs ordered from Graham Tatford.

The chairman Sir Carl Aarvold said that why a young man with a bright future should risk everything for the sake of fiddling some £50 worth of goods was beyond the understanding of the Committee. "He can regard himself fortunate that we are not going to direct his removal from the register but we want to warn him that this particular piece of behaviour will be recorded against him."

Sir Carl ordered that Mr Shah should be reprimanded.

## US contamination of Tylenol 500

McNeil Consumer Products, a subsidiary of Johnson and Johnson have confirmed that several packs of extra-strength Tylenol capsules have been tampered with and cyanide poison added to some of the capsules [in the United States].

The statement issued by McNeil goes on: "These incidents have all occurred in the Chicago area and we are taking steps to remove from sale in the Chicago area all extra-strength Tylenol capsules.

"The batch in question which contained 50 capsules were from two lots of product — MC2880 and 1910MD. Product marked in this way should not be bought or consumed and consumers having such product should return it to the place of purchase or to MCP.

"Although we believe the problem is confined to the Chicago area we are taking the precaution of withdrawing these two lots everywhere in distribution. We currently have no evidence that any other extra-strength Tylenol or other Tylenol products were similarly contaminated.

### Tylenol 500mg description

It is feared some contaminated capsules may be brought into the UK by visitors. Extra-strength Tylenol capsules contain acetaminophen 500mg, in dark red and off-white hard gelatin capsules. The capsules are approximately 20mm long and 6mm in diameter with both the dark red and white parts endorsed Tylenol 500mg in black. The packs of 50 are cartoned and the capsules contained in a child-proof container.

Mr Larry Foster, company spokesman told *C&D* "We believe contamination

occurred after it left manufacture and somewhere in distribution or at POS."

□ So far US police have reported seven deaths associated with the contaminated capsules. It has been widely reported that a \$100,000 reward has been offered by MCP for information leading to the arrest and conviction of the poisoner.

As *C&D* went to Press reports in the media attributed convulsions in California to strychnine-contaminated Tylenol capsules. It is understood that distribution of all extra-strength Tylenol is to cease temporarily.

## Question mark over Slow-K from US

Lesions and ulcers in the oesophagus and stomach may be caused by the potassium supplement Slow-K, according to an unpublished report from the US.

An article in this week's *Sunday Times* says investigations by Dr Gilbert MacMahon of Tulane University, New Orleans, showed that seven out of 12 healthy volunteers who took Slow-K for a week developed lesions or ulcers. Only one patient actually complained of symptoms associated with the injuries. According to the article details of the research have been accepted for publication by the *Lancet*.

CIBA Laboratories, who market the drug in the UK say they are unable to make a constructive comment on the report as they have not yet seen it. However they do say that usage of Slow-K in the UK is large and it has been on the market for 17 years. In that time around 4,300 million tablets have been taken and the incidence of reported side effects has been negligible. Fewer than 50 cases of gastrointestinal side effects have been reported and not all of these can be attributed to Slow-K, due to concurrent therapy and the disease-state under treatment, the company says.

## Zantic 'hiccup'

Glaxo launched its H<sub>2</sub> antagonist, ranitidine, in West Germany on Monday, but not without a last minute hiccup. Shortly before the launch the West German regulatory authorities, the BGA, asked Glaxo and Cascan (a joint venture company with Merck who are marketing the same product under the trade name Sostiril) to amend the leaflets accompanying the packs to list additional patient information relating to the occasional side effects observed with ranitidine.

It is the company view that these effects are clinically insignificant and do not detract from the sound safety profile of ranitidine, a company spokesman said. He added the company was considering appealing against the request.

Zantac was launched in the UK just over a year ago, and is also available in Italy.

## No wash-day blues for Bradford pharmacist

Proprietor pharmacist Mr John Beverley (right) of Hall Ings Pharmacy, Bradford, receives an automatic washing machine from Unichem Leeds operations manager David Crowther — his prize in a Unichem/Gillette lucky draw contest.



Mr Beverley was one of 13 Unichem members who struck lucky in the Gillette contest. The others were: M&M Anthony Ltd, Manor Park, London; Claude Benton Ltd, Norwich; Mr R. Gill, Spennymoor, co Durham; Southbourne Pharmacy Ltd, Bournemouth, Dorset; J. Ernest Watson Ltd, Tunbridge Wells, Kent; Stokes & Son Ltd, Plymouth, Devon; A.E. Turner & Son (Bulwell) Ltd, Nottingham; Mr D.L.L. Robertson, Glasgow; G.R. Vaughan & J. Morris, Coleshill, Birmingham; V&J Dowdle Ltd, Swansea; J.B. Cocker Ltd, Didsbury, Manchester and Mrs S. Crawford, Edinburgh.

Proprietor pharmacist **Mr Alastair Ferguson**, has been appointed to the Midlands and North West regional committee of Unichem. He joins Mr A. Townson whose appointment was announced last week.

## Briefly...

■ **North West RHA:** A manufacturing pharmacy is planned at Stepping Hill Hospital in Stockport.

■ A pharmacy and various other extensions and alterations are planned at Burnley General Hospital at Casterton Avenue, Burnley.

## Years of...

Grace and favour... the prerogative of Royalty. At least, I always thought so. Yet we learn that a pharmacy has been conducted from premises described as a "corrugated iron hut", and that over a period of thirty years — despite complaints from the public and inspectors — very little had been done to improve conditions.

And now, when the proprietor is to retire in three months time the Statutory Committee is to give him four months to make the place fit. As it happens, because of the circumstances, I would agree there is room for grace. The owner, who is old and unwell, should perhaps have the grace to accept that times have changed and should retire now, with the "dignity appropriate to a lifetime spent in the service of the public" he asks for.

As for the Society? Unless there is much left unreported, after 30 years of favour it seems a bit late to come down on a man with only three months to go, with a demand he clean up and remove dated stocks, dogs, etc from his dispensary — in case he should bring the profession into disrepute — and threaten to strike him off after he retires.

Can we not find a different system for dealing with such cases? For example, could not premises be withdrawn and an injunction taken out preventing the use of the building as a pharmacy until requisite conditions be met? Or, if the Society is trying to be genuinely helpful, how about setting up a team of inspectors and helpers who could be available to do a weekend "operation clean-up" as a start to the process of meeting acceptable standards? It should be borne in mind that because of the compulsory attendance of a pharmacist at his place of business during opening hours, I believe a few older pharmacists have been completely isolated from their fellows and from the developments in the style of trading, and are themselves truly content to have spent their lives in the only conditions they know. The only way they receive enlightenment is to be taken on guided tours of newer pharmacies, or even better, do a locum in them. Since we are all branded with the image of the worst of us, perhaps we should all join in the process of bringing the back-sliders into line — in our own interests.

## Decorating

I hate decorating. My wife has been at me for years to do something about the room she laughingly refers to as "the tip" (because she uses it as a suitable place to

dump any stray possession for which no other home seems possible). The "office" (as I prefer to call it) had become rather decrepit so that in a moment of weakness I agreed to "do it up". Before I could say "knife" the curtains were down, the carpet rolled up, old sheets covered the two easy chairs, the desk was dragged out and it was announced: "The room is ready".

A sorry sight it looked. I had not realised how bad an image (that word again) it presented. Ceiling darkened, paper faded, windows sagging. "Oh well," I thought, "it won't take long; a couple of weeks maybe. "Funny thing really, two weeks became two months, workmen came and went to repair damage discovered to the chimney, to the windows (which proved rotten), paper fell off the walls (which themselves had to be made good), woodwork had to be stripped, etc, etc. What beats me is the sheer amount of preparation (upon which depends the final finish) which has to be done before any results can be seen. Three months have passed. The final coating of paint is currently being applied. Look for the man with paint on his hands and in his hair... and you've got me.

All of which is only to make a point. Nothing worthwhile is achieved without preparation and hard work. We have been warned by the NPA that results from their advertising campaign are going to take two to three years at least to give the results we would like to see, because in a way it is all a part of the preparation. And of course we have our part to play.

The biggest part of the problem, the realisation that we *needed* to do anything at all, has already been overcome, so that now we have a plan to work to and are on our way. As a permanent depressive... I am beginning to be hopeful of a future for pharmacy.

# BRUSH! BRUSH! BRUSH!

**NEW!**  
WISDOM QUEST  
EXTRA



WISDOM QUEST  
REGULAR



**NEW!**  
WISDOM QUEST  
PETITE



NOW THERE'S  
A CHOICE OF THREE  
WISDOM QUEST TOOTHBRUSHES!



Wisdom Quest, Britain's first and most successful angle headed toothbrush, is a totally new design concept. It is endorsed by the dental profession as particularly effective in seeking out and removing plaque.

Now we offer you, for your customers, a range of three different head sizes to satisfy individual needs.

The Wisdom Quest design has a compact angled head and a unique concave brush trim to cleanse more effectively on all tooth surfaces and also along the gum line where harmful plaque gathers. The broad concave grip handle gives precise control, even for a child's tiny hands. And the fine, densely filled, round-ended nylon filaments cannot harm delicate gum tissue.

No wonder Wisdom Quest is the

most widely recommended angle headed toothbrush!



**WISDOM  
QUEST**

Seeks out and removes harmful plaque.

We're putting heavy advertising support behind our new brushes this year too – on national radio and throughout the dental press.

For a free sample of the new Wisdom Quest toothbrushes – and details of our current special offers – post this coupon today. No stamp needed.

To: Wisdom Quest Offer, Addis Limited,  
FREEPOST, Hertford, SG13 7BR.

Name \_\_\_\_\_

Address \_\_\_\_\_

CD 9/10

# A new face for Innox

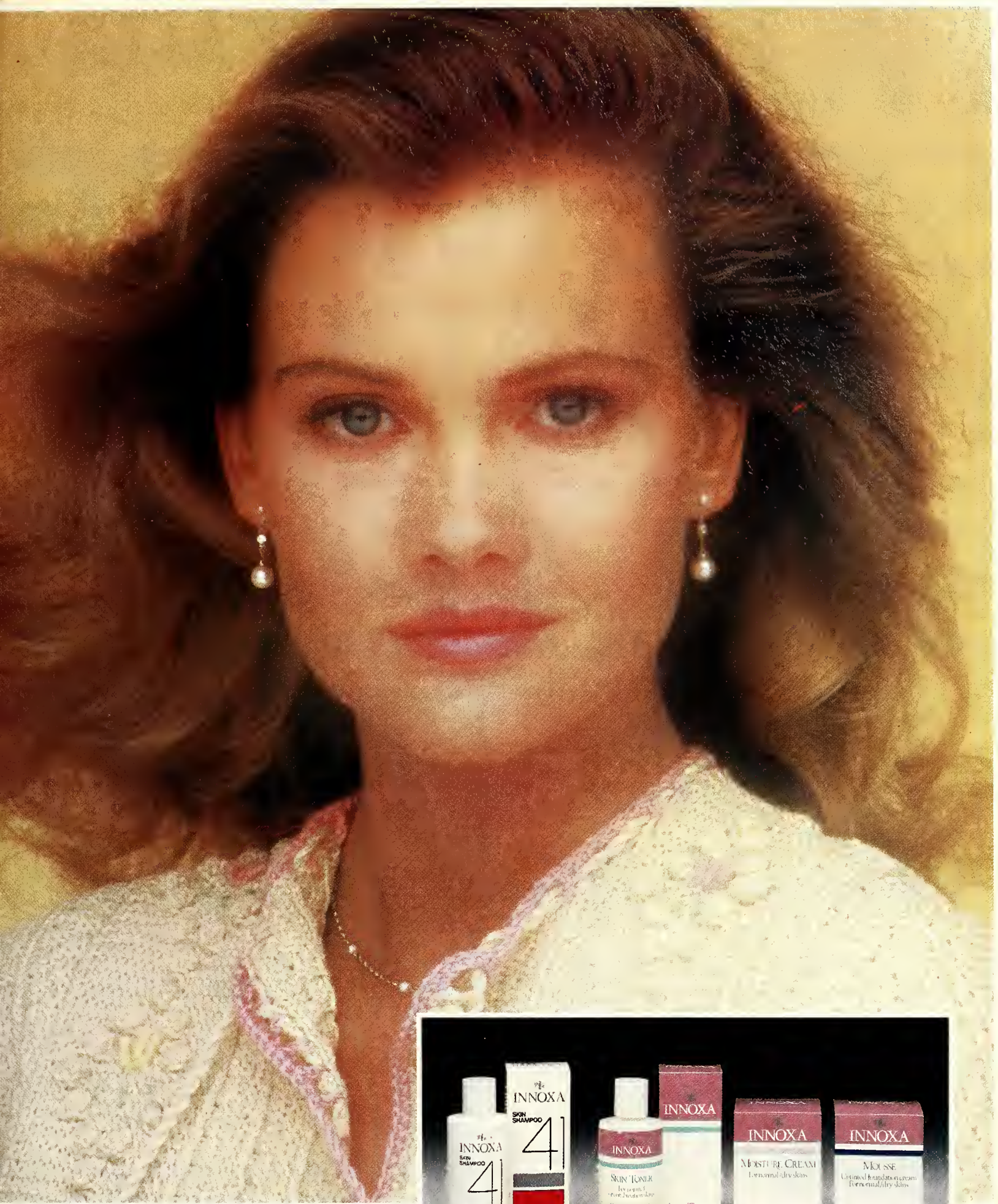


Innox is getting a new look. We're making some changes which will establish our brands even more firmly in the marketplace, to create even more sales for you.

Our classic skin care products and some new formulations are in new packaging and carry a unique colour banded system which will

help customers identify the correct product for their skin-type.

The new range will be available from mid-October, along with updated counter displays and point-of-sale material, and we can arrange training sessions to bring your staff up to date on all these exciting changes.



We'll be supporting our new  
range with eye-catching advertising  
in the major women's magazines  
throughout the Autumn, Winter and  
the coming Spring.

Your Innox representative will  
give you full details. This means  
more profit for you.  
Trust Innox.

# INNOXA

Honest Skin Care Reliable Colour

# HOW TO SELL MORE FEMINAX?

# SELL LESS.

## **NOW AVAILABLE IN 10-TABLET PACKS.**

*Over the coming months the new Feminax advertising will be seen in many of the leading women's magazines.*

*We're confident it will attract many first-time users. That means many new customers for you.*

*That's why we're introducing a 10-tablet 'trial' size Feminax at the low price of 69p. (Of course we'll still be supplying you with the regular 20-tablet packs.)*

*So when someone calls and asks to try the proven period pain reliever, don't disappoint them.*

*Be sure to stock Feminax.*



Nicholas

## For effective relief of period pain.

# PRESCRIPTION SPECIALITIES

## Becloforte inhaler

**Manufacturer** Allen & Hanburys Ltd, Horseden House, Oldfield Lane North, Greenford, Middlesex UB6 0HB

**Description** Metered dose aerosol which delivers 250mg beclomethasone dipropionate per actuation

**Indications** For those asthmatic patients who have been shown to require high doses (greater than 800mg daily) of beclomethasone dipropionate to control their symptoms. May also be indicated for those patients whose asthma is no longer controlled by maximum doses of bronchodilators. Patients with severe asthma may be able to reduce or eliminate their requirement for additional oral corticosteroids

**Dosage** Adults: two inhalations (500mg) twice daily, or one inhalation four times a day is the recommended maintenance dosage. If necessary it may be increased to two inhalations three or four times a day. Not recommended for children

**Contraindications** Special care is necessary in patients with active or quiescent pulmonary tuberculosis

**Precautions** Patients being treated with Becotide inhaler may be transferred direct to Becloforte. Patients being treated with oral corticosteroids should be in a stable state before having Becloforte added to their current therapy. Gradual withdrawal of the systemic steroid may be attempted after a week or two. Patients who have been treated with systemic steroids for a long time or at a high dose may have adrenocortical suppression, and should be monitored regularly. Patients recently transferred from oral steroids and those still receiving them should be warned that they may need to increase the dose of oral steroids in times of stress. Treatment of Becloforte should not be stopped abruptly

**Side effects** Candidiasis of the mouth and throat may occur in some patients

**Overdosage** Excessive use over a long period may lead to adrenal suppression. In such cases the patient should be transferred to oral corticosteroid therapy until the condition has stabilised

**Pharmaceutical precautions** Store below 30°C. Do not puncture the canister even when empty

**Packs** Metered dose aerosol providing 200 inhalations (£21 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982 ■

## Fasting formula

The first product from Wander's clinical dietetics division is Nutritionally Complete Supplemented Fasting Formula.

The product is intended for use as part of the management of moderate to severe obesity, either where this is simple obesity or where there is associated secondary pathology eg. non-insulin dependent diabetes, hypertension, osteoarthritis, hypothyroidism corrected by replacement therapy, gynaecological disorders, hyperlipidaemia or where obesity is an impediment to surgery.

The product should replace all food for a period of up to four weeks. Three sachets per day taken at meal times and supplemented by at least 2 litres of energy-free liquids together with a programme of regular exercise assure rapid weight loss and minimum discomfort, say Wander.

Patients with conditions at risk of exacerbation by rapid weight loss should not undergo supplemented fasting. Patients receiving medication for diabetes, hypertension and hyperlipidaemia may require a reduction in dose or withdrawal of treatment. Regular monitoring of serum electrolytes is advised. Supplemented Fasting Formula is available in vanilla, chocolate and orange flavours in cartons of nine sachets (£4.50 trade). *Wander Clinical Dietetics, Station Road, Kings Langley, Herts WD4 8LJ.*

## Bricanyl Nebuhaler

The Pharmaceutical Services Negotiating Committee are advising pharmacists not to supply the recently introduced Bricanyl Nebuhaler (C&D, October 2, p578) on prescription as the Prescription Pricing Authority will not pass scripts for payment.

Manufacturers Astra Pharmaceuticals confirm this is the case, and are presently meeting with the PPA in an attempt to allow the product to become available on FP10. At the moment it is being treated as a device rather than a drug. The company says that if a pharmacist has inadvertently filled a script for the nebulizer, and can provide proof, he will be reimbursed. Contact Mr Lane, St Albans 33241 ext 39.

## Allergan direct

Allergan eyecare products classified P or POM will in future be available direct from the company or through pharmaceutical wholesalers and not via a distributor. *Allergan Ltd, Fennels Lodge, Loudwater, High Wycombe, Bucks.*

## Bronchodil elixir

**Manufacturer** Keymer Pharmaceuticals, division of Schering Chemicals Ltd, The Brow, Burgess Hill, West Sussex

**Description** Red fruit flavoured liquid, each 5ml containing 10mg reproterol hydrochloride

**Indications** Reversible airways obstruction.

**Dosage** Adults 10ml three times daily. Children 6-12 years, 5ml three times a day

**Contraindications, precautions** As for other  $\beta$ -adrenergic stimulants

**Additional information** The elixir is sugar free and can be diluted with purified water

**Packs** 100ml amber bottles (£0.59 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982 ■

the treatment of upper respiratory tract infections. Useful for night cough

**Dosage** Children: three months to one year, 2.5ml. One to five years, 5 to 10ml. Six to 12 years, 10ml. All two or three times daily

**Contraindications, precautions** Should not be given to those being treated with monoamine oxidase inhibitors or for two weeks after discontinuing such therapy. Not suitable for diabetics. Some drowsiness may occur

**Overdosage** In event of gross overdosage the stomach should be emptied by aspiration and lavage. A saline purgative (sodium sulphate, 30g in 250ml of water) should be given to aid peristalsis

**Packs** 100ml (£0.68), 2 litres (£9.20 trade)

**Supply restrictions** Pharmacy only  
**Issued** October 1982 ■

## Somnite suspension

**Manufacturer** Norgine Ltd, 59 High Holborn, London WC1V 6EB

**Description** Off-white, translucent, thixotropic suspension with a cherry flavour, each 5ml containing 2.5mg nitrazepam

**Indications** Short term treatment of insomnia in adults

**Dosage, contraindications, precautions** As for other nitrazepam preparations

**Packs** 150ml bottles (£1.98 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982 ■

## Expulin Paediatric

**Manufacturer** Galen Ltd, 19 Lower Seagoe Industrial Estate, Craigavon, co Armagh, Northern Ireland

**Description** Pink linctus containing pholcodine 0.04 per cent, chlorpheniramine maleate 0.02 per cent, ephedrine hydrochloride 0.08 per cent and menthol 0.011 per cent

**Indications** Relief of cough in infants and children, particularly when associated with congestion of the nasal and bronchial mucous membranes. As an adjuvant in

## Vestric launch £1¼ m advertising campaign for Vantage

Vestric are boosting their Vantage programme for retail pharmacy with a £1¼ million advertising campaign in the national dailies from October 8 right through to July 1983. In a programme devised to increase both awareness and direct sales, the company will also use regional inserts in the *TV Times* and a range of new POS material.

With the theme "Pick me up — a tonic for your family budget," the campaign which also retains the "Right on price, right on your doorstep" copy line, will appear monthly in the *Daily Mirror* or the *Daily Express*.

"The theme should really hit home with the consumer, consolidating awareness of the Vantage name," says Vantage manager, Alan Turner. The use of inserts in regional editions of the *TV Times* is a new venture for both Vestric and Vantage but this section of the campaign beginning October 18 in Scotland, should prove a big traffic builder they believe. The insert comprises a leaflet on the "Pick me up," theme,



A selection of the "Pick me ups" campaign material

showing the Vantage range of products and explaining Vantage to shoppers. Vantage stockists in the particular area of the edition will be listed on the leaflet.

In the national Press, the main advertisements will feature the special Vantage member offers given on the covers of the corresponding month's Vestric national promotions leaflet and POS material including colour window bills will be available to Vantage members. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

## Duracell switched on to Xmas sales

Duracell are to launch a Christmas promotion offering money back on batteries plus savings on Christmas games and toys. The scheme has been designed with the toy and games sector in mind, a sector which accounts for one third of Duracell's battery sales in the October to December period.

From November, consumers who submit two proofs of purchase of Duracell batteries and a special

application form will receive a £1 cash refund and a voucher book worth £14 redeemable against a range of six battery powered toys and games. To redeem the vouchers, consumers are asked to submit them, together with proof of purchase of the relevant toy or game.

The promotion will be supported by a £65,000 national daily Press campaign during November.

Closing date for the £1 refund applications is January 31, 1983 and for toy voucher redemptions, March 31. *Duracell (UK) Gatwick Road, Crawley, Sussex.*

## Crookes — activity on three product lines

Crookes One-a-day multivitamins are to be supported by a £900,000 national television advertising campaign breaking October and running through to January. The company believes the vitamin market is in a state of dynamic growth. Over the last three years unit growth has been around 37 per cent, they say, with multivitamin sales rising faster than single vitamins and almost 60 per cent of all vitamin sales going through independent pharmacies and drugstores.

A display unit to take all three sizes of Crookes One-a-day is available and retailers who display it will receive two

entries to the first stage of the £500,000 Go for Gold competition.

Strepsils have also been repackaged in a new blister pack containing two cards of 12. Each card can be divided in half along perforated sections for easy portability. Finally Karvol is being nationally relaunched supported by a £600,000 national television spend. The 30 second commercial will be seen between November and February. Display outers and showcards are available. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

■ ICML wish to point out that the Nucross children's diarrhoea mixture is kaolin paediatric mixture BP and not kaolin et morph mixture paediatric BP as they stated last week.

## Honey firm launches beauty range

Following two years of research Ratcliffe's say they are now ready to launch a range of honey enriched beauty care products. This new range has come about following the collaboration of two Croda International companies, honey packers Manley Ratcliffe and the soap producers and suppliers Standard Soap.

The range will be available in three light fragrances, honey & linden blossom, honey & herbal and honey & oatmeal and includes shampoo (£1.25), hand and body lotion (£1.25), talcum powder (£0.89), foam bath (£1.25), nourishing cream



(£1.49) and soap (£1.30). Pastel packaging is available and the lotion, foam bath, shampoo and talc all have "beehive" caps. Advertising will appear in consumer health Press and a merchandiser with showcard is available holding the whole range. *Manley Ratcliffe Ltd, Bennsfield, Oxford.*

## Gillette promotes dental floss trial

An on-pack dental floss offer is available on the Jordan adult toothbrush range in an attempt to further the concept of a "total dental care routine".

Research, say Gillette, has shown that while 49 per cent of consumers aged 25-34 are aware of dental floss, as few as 20 per cent use it on a regular basis. They anticipate that by including a length of dental floss they will generate trial by a "very large number of first-time users".

There has been a 60 per cent volume growth in the dental floss market since 1979 say Gillette who anticipate that sales will triple over the next five years. This promotion will run throughout October. *Gillette Personal Care Division, Great West Road, Isleworth, Middlesex.*

**PHILIPS**

# The NEW Philips Air Cleaner from BDC

In the USA, it's the best-selling air cleaner by a mile.

In Britain, it's already proved itself to be a sensational winner.

It's the remarkable Philips Electric Air Cleaner. And now, you can clean up the UK market — with BDC.

## A BRAND NEW ANSWER TO AN AGE OLD PROBLEM

Household smells. Tobacco, pets, nappies, cooking (and let's be honest, people).

At the moment, the housewife masks the smells with sprays, or opens a window (in summer, anyway).

**Now, she can come to you, the chemist, for a real answer.** An electrically-operated air cleaner that actually filters out dust, pollen and odours, and circulates lemon-fresh, clean air to the room.

## HOW IT WORKS.

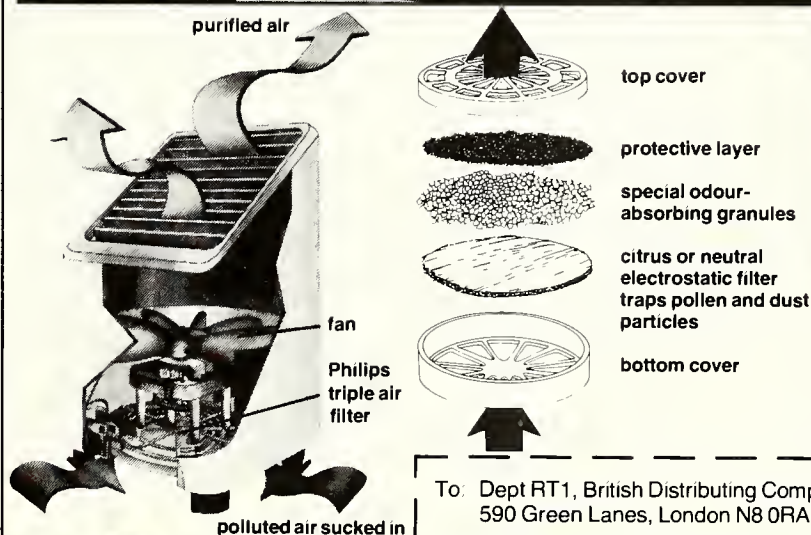
Its secret lies in a triple filter — containing a combination of odour-absorbing crystals and an electrostatic dust/pollen filter and scent impregnated filter.

Air in the room is drawn in via an electric fan, passed through the filter where the pollutants are trapped, and then recirculated fresh and clean through the top.

The filter lasts for up to 3 months, and is easy for the consumer to replace.

In around 30 minutes, the Philips unit can clean the air in a large room. Its compact, unobtrusive design and quiet operation make it ideal for use anywhere in the home or office.

**At £8.98 you'll  
clean up the market.**



**bdc**  
**THE ELECTRICAL  
WHOLESALE**

## THE MARKET IS AS BIG AS THE UK

The Philips Air Cleaner is a very hot property indeed. Early sales have smashed all targets — and Philips now predict 100,000 will be sold this year.

At BDC, we think that's a conservative figure — because every home and office in Britain could use one.

For you, it's an opportunity you can't pass by.

It's an ideal product to sell alongside your existing lines. It's proved to be a very fast mover. And at BDC's sensational low price of £8.98, excluding VAT, you're in a situation where you can clean up.

This autumn, Philips are launching a massive advertising campaign to create the demand. So now is the time to stock up.

Send the coupon for more details, and your copy of the BDC Times. It's packed with hundreds of offers, ideal for chemists to retail. All at BDC's special prices. And all with delivery in 24 hours, in a 30-mile radius of London.

## BDC.SPECIALIST DISTRIBUTORS OF ELECTRICAL PRODUCTS TO THE CHEMIST

Philips . Braun . Carmen . Casio . Dreamland  
Monogram . Duracell . Micromark  
Morphy Richards . Moulinex . Pifco . Tefal  
Texas Instruments

To: Dept RT1, British Distributing Company, BDC House,  
590 Green Lanes, London N8 0RA

Send me a FREE copy of the BDC Times, and an account application form.

Name \_\_\_\_\_

Name of Store \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ CD 9/10/82

Tel. No. \_\_\_\_\_

## Agfa launch Sport in time for Christmas

Agfa have put together a package of special offers for Christmas which includes a new pocket camera — the Agfa Sport.

The Sport with detachable mini-flash has been designed to appeal to photo enthusiasts who want a camera that is simple to use and will withstand the rigours of being carried about in all outdoor situations, say Agfa. It comes with a novel shockproof and water resistant carrying case, three 110 films and an instruction book (srp £26.87). Agfa are offering the Sport at a special Christmas introductory price.

The recently introduced mini Agfa and easy cameras with built-in flash are on offer to retailers who take delivery of these models before November 15.

Agfa are offering a colour negative dispenser for POS containing 30 Agfacolor 100 135-24 exp twin-pack, 24 Agfacolor 100 110-24 exp twin-pack, and 8 Agfacolor 100 126-20 twin-pack, and a colour reversal dispenser containing 36 Agfachrome CT18 135-36 exp twin-pack



The Agfa Sports camera comes in a display pack for Christmas

and 8 Moviechrome 40 silent Super 8 tri-pack.

A new motorised display piece which gives dealers a continuously changing message in their window is available. It is mains operated and comes complete with one display showing Agfa Sport in use and another featuring Agfa films.

The Christmas display pack contains the following items: a double-sided window / door banner, a double-sided door sticker, large size 110 camera stickers — set of 4, a set of shelf wobblers, a mobile which can also be used as a camera stand, and a pack of 20 Christmas price tickets. *Agfa-Geveart Ltd, 27 Great West Road, Brentford, Middlesex.*

## Starter pack for Sportive Perform

A starter pack for Sportive Perform is available from Wander. Comprising 6 protein power, 5 plus food, 5 energy drink, 5 mineral plus 6, 5 power back and 24 energy bars, the parcel has a retail value of £65.65 and will be available to the trade for £40. POS, counter leaflets and window stickers are available for support and the range will be advertised in sports magazines and will be promoted to coaches and clubs by a five man sales team.

Sportive Perform is a range of food products to meet the requirements of every stage of the sportsman's programme. The range comprises plus food (£1.95), protein power for build-up and repair of muscle tissue (£2.75), energy drink for immediate and sustained energy (£1.75), mineral plus 6 to help regulate and replace mineral salts lost through sweating (£1.95), power back to replace nutrients used up in a competition and energy bar (£0.35). *Wander Ltd, Sport Nutrition Division, Station Road, Kings Langley, Herts.*

## Recent launches by Beauty Basics

Five new products are now available from Beauty Basics including a nail cure, hair thickener and a massage mit. Dikla nail cure (£1.50), for weak, uneven and splitting nails should be massaged into the nail roots, cuticles and under the tip of the fingernails once or twice a day for one to two months says the company.

Thicket Special Formula is a hair cosmetic that naturally covers thin spots say Beauty Basics. A greaseless emollient, Thicket (28g, £2.95; 50g, £4.50 and 125g, £8.50) comes in two formulas: Thicket thicken and style lotion for using with blow dryers, curlers or other styling appliances and Thicket comb through cream formula for hair left to dry naturally. Also available is the Schnellina massage mit (£3.75) and Mei make-up mirrors. The mirrors are rectangular or round in shape and come in two shades of tortoiseshell and olive green. Enamelled pill boxes and double-sided mirrors are also available. For removing facial hair there is Wax Appeal (40ml, £1.85) which comes in an aluminium container with spatula, and hair accessories by Francois Huchard include Liberty printed slides, combs and alic bands supplied in maroon



boxes suitable for counter display. *Beauty Basics Ltd, Unit D, 51 Calthorpe Street, London WC1.*

## Consumer campaign for Vichy range

Vichy are planning a consumer advertising campaign for their range this Autumn.

Double page spreads for *Les Matinales* will appear in *Woman's Journal*, *Company*, *Cosmopolitan*, *Harpers and Queen* and *Good Housekeeping*. Four consecutive black and white pages will also appear in the *1982 Vogue Beauty Book*.

The advertisements will appear in the November issues of the magazines and in January and February, a traditional time for skin care features.

Other current activity by the company

includes the introduction of a lip protection product. Vichy lip salve (£1.25) will be available from November. It contains a high concentration of UVB filters, together with a lanolin-based moisturising agent to soothe chapped, dry lips. It can be worn alone or under lipstick and comes in a brown/beige pack, which uses the lipstick slide mechanism with a roll over lid to keep the lip salve clean and moist. *Vichy UK Ltd, Asheville Trading Estate, Abingdon, Oxon.*

## £700,000 Xmas spend by Clairol

Clairol Appliances are spending £700,000 on pre-Christmas advertising and promotions to support four products.

The Clairol Foot Spa, test marketed in the TV South area earlier this year, is to be "rolled out" nationally earlier than planned. Television advertising, supported by in-store promotions and local press advertising will launch the product.

The Caresetter and the travel turbo hairdryer, will be advertised in women's magazines, as will Flexibrush. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

# Two new products from Healthlife

## The natural herbal tonic

Start giving your business a fillip by taking the tonic it deserves  
Longo Vital from Denmark

An original blend of natural herbs and spices. A definite aid in maintaining good health and vitality. Rich in vitamins and essential trace elements too

Available in easy-to-swallow tablet form to make it just the tonic your customers have been looking for



## On the spot solution

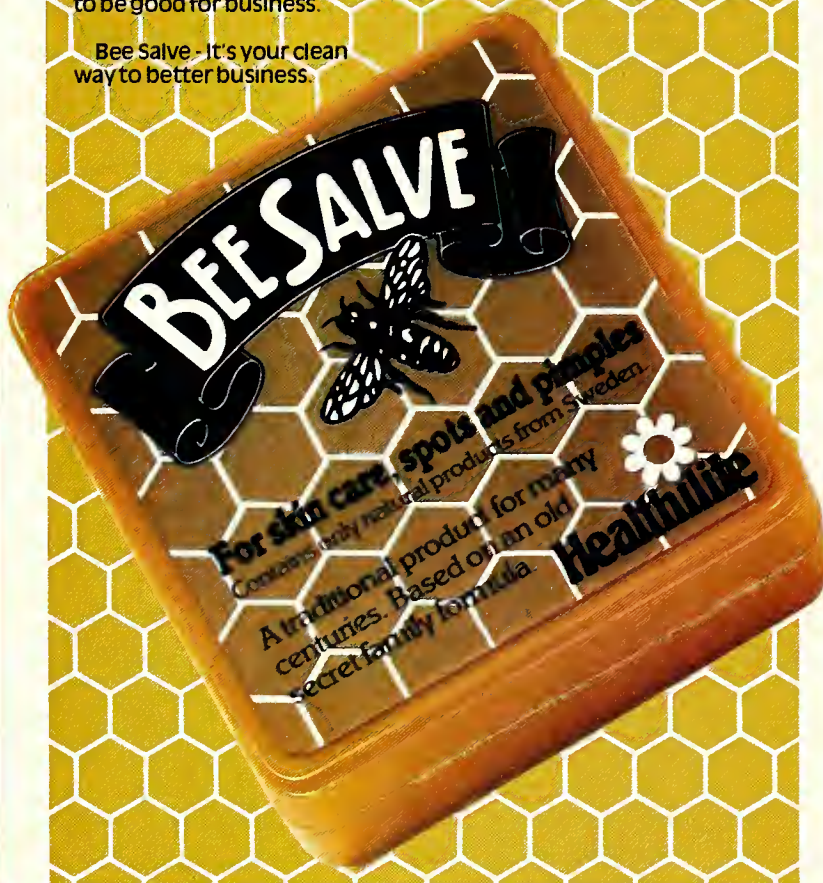
Here's your on the spot solution to healthier sales.

Bee Salve from Sweden for pimples and spots. A new ointment made from natural ingredients that helps care for your skin.

And judging from its success in Sweden and the fact we're offering a money-back guarantee to every customer, Bee Salve is good.

Available in attractive packaging with sales dispensers, Bee Salve is out to make an impact on complexions everywhere. And that's bound to be good for business.

Bee Salve - It's your clean way to better business.



Please send me more details on:

- ☐ **LONGO VITAL**  
☐ **BEE SALVE**  
☐ **BOTH PRODUCTS**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return to:

Healthlife Ltd.,  
Charlestown House,  
Charlestown, Baildon, Shipley,  
West Yorkshire BD17 7JS.

Telephone:  
(0274) 595021/5.



**Healthlife**

## Innoxia streamline skincare range

Innoxia are to relaunch their skin care range this Autumn and will support this activity with Press advertising and POS merchandising systems.

The new streamlined range comprises 19 items in colour banded packaging and there are three skin type categories; normal / dry has grey banding, normal / combination has aquamarine banding and oily / problem is packaged in grey and red.

Seven products are in the normal / dry category: cleansing cream (100ml, £2.50), cleansing lotion (125ml, £2.50, 250ml, £3.75), toning lotion (125ml, £2.50), moisture cream (50ml, £3.60), rich night cream (50ml, £3.60) and eye cream (15ml, £2.50). For normal / combination skins there is clean face (100ml, £2.70), skin toner (125ml, £2.50), daytime moisturiser (50ml, £3.60) and lightweight night cream (50ml, £3.60). Medicated soap (75g, £1), skin shampoo (125ml, £1.95), astringent toner (125ml, £1.95), protective lotion (125ml, £2.50) and solution 41 are the range available for oily and problem skins.

### Retained lines

Moisture oil with amalene, skin balm and mousse have been retained from the original range. Retail prices are unchanged.

Sarah Shears, Innoxia marketing manager, says: "In relaunching the range we had two objectives: firstly we wanted the consumer to benefit from our experience in the skin care field and also from the more recent advances in the cosmetic industry. We have achieved this by basing each new regime on tried and trusted Innoxia products with the addition of new formulations. Secondly, we wished to simplify the skin type identification. This we have done by condensing the range and colour coding each skin care regime." *Innoxia (England) Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*

## Now Sangers Agencies have closed...

Modo Consumer Products Ltd have joined Gallia baby foods at Jackel & Co Ltd. Sales director Ray Murray told *C&D* the move augments Jackel's baby range. "By taking on board Gallia and Modo we can provide a complete baby range."

Bobtails are being relaunched and will be available from October 11 to the end of



December at prices enabling the rsp to be reduced to £1.49 (£1.66).

**Varta Batteries Ltd and HRM Foods** (Energen products) are being distributed by *De Witt International Ltd, Seymour Road, London E10 7LX.*

**Urocare** urinary aids are, for the moment, distributed by manufacturer *International Disposables Corporation (UK) Ltd.*

**Philips Small Appliances** are for the time being distributing their stock direct to pharmacists who are able to meet their terms.

**Kirby-Warrick Pharmaceuticals Ltd** have set up a sales force with a nucleus of six ex-Sangers Agencies representatives to distribute their own products.

A division of the Schering Corporation of America, Kirby intend to expand the salesforce to fifteen in the New Year. The emphasis will be on "ethical

OTC lines" and on introducing products developed elsewhere in the Schering organisation. The salesforce will cover England, Wales and Scotland — Northern Ireland will continue to be served by Castlereach Agencies.

**Holloway**, makers of Supermint and Superdent are investigating several different options on distributing their products through wholesalers on a transfer order basis.

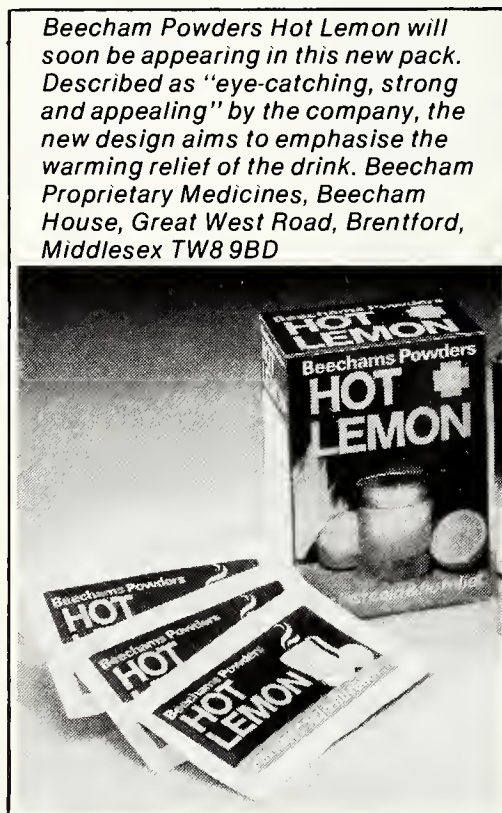
**Sally Hansen** products will be sold by Rigease Ltd from now on in the UK and Channel Islands. Rigease will be responsible for the warehousing, sale, dispatch and invoicing of the range while Sally Hansen will devise the promotions.

A new depilatory line from Sally Hansen will also be available.

## ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

<b>Anadin:</b>	All areas
<b>Batiste shampoo:</b>	Ln, M
<b>Cyclax:</b>	All areas
<b>Disprin:</b>	All areas
<b>Fairy toilet soap:</b>	A, U, G
<b>Head and Shoulders:</b>	Ln, Y, NE, A, U, B, CI
<b>Hedex:</b>	U, E
<b>Just Natural:</b>	All areas
<b>Paddi Cosifits:</b>	All areas
<b>Pampers disposable nappies:</b>	All areas
<b>Pure Silk:</b>	All areas
<b>Radox:</b>	All areas
<b>Ralgex:</b>	Ln, M, Lc, Sc, B, G
<b>Rennie indigestion tablets:</b>	All except U
<b>Robinson's baby foods:</b>	All areas
<b>Sanatogen multivitamins:</b>	All areas
<b>Sunsilk shampoo:</b>	All areas
<b>Wisdom mouthwash:</b>	All areas



*Beecham Powders Hot Lemon will soon be appearing in this new pack. Described as "eye-catching, strong and appealing" by the company, the new design aims to emphasise the warming relief of the drink. Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD*

# Great News about our Economy



## New Lil-lets 40's in a bright new pack.

Lil-lets tampons are now available in new Economy packs of 40 in all four absorbencies.

Giving your customers real savings against the smaller 10's and 20's,  
and offering even better value for money.

Lil-lets now offers your customers the most comprehensive  
range of sizes and absorbencies on the market.

So order now! – and make a pretty packet from Lil-lets.



*Stock the brand that means more business  
from*

Lilla-White



A member of the Smith & Nephew Group

## Health Foods — exotic products shunned

Fifty-three per cent of the population "samples" the most popular health foods — cereals, brans, wholemeal flour and other "natural" cereals and grain — but 71 per cent shun such "exotic" products as mussel extract, royal jelly and lecithin.

Those are the principal conclusions of a recent survey conducted by NOP Market Research Ltd on "Health foods", for which almost 8,000 people were interviewed over a period of three months. Participants were questioned about their purchases of over 80 products grouped into four main categories — food and drink products, flours and cereals, medicinal products (such as homeopathic medicines).

The chemist rivals the supermarket among medicinal and remedial products, it was found. Multivitamins were bought by 72 per cent of people, with the chemist taking 71 per cent of sales.

The 'hard-core' of health food users (14 per cent of those purchasing) have been doing so for the past ten years. A further 31 per cent of users have, however, been attracted within the past three years. *NOP Market Research Ltd, Tower House, Southampton Street, London WC2E 7HN (complete survey £550).*

## Loads of Lash

Loads of Lash is the latest addition to the Quant range with a formulation based on "a highly-pigmented oil in water emulsion with added silicone oils" to promote smooth application and lavish build-up then evaporate as the mascara dries on the lashes. Conditioning ingredients are included to prevent lashes from becoming dry and brittle. Four shades of mascara are available — jet black, cocoa brown, navy blue and deep purple (£1.75) and the company suggests, to protect the eye area, their delicate eye care cream, reduced from £4.75 to £2.45.

A creamy concealer in a chunky crayon format is Undercover Agent (£2.55) available in two shades for fair and sallow/olive skin and Blush Stroke (£3.35) is said to combine a soft creamy blusher with a professional cosmetic tool," again available in four shades — dippy sherbert, lucky clover, rosy cider and rhyming raisin. *Mary Quant Cosmetics, 75 Davies Street, London W1.*



*Taylor of London are introducing new pack designs for their perfumed sachets in line with their overall theme of cream decorated with a traditional, Victorian flower pattern. The three-sachet boxes have cut-out fronts showing the cellophaned sachets inside and a redesigned shelf display box holds eight, three-sachet boxes. Taylor of London Ltd, The Dean, Alresford, Hants*

## Brewing Book giveaway

Unican are to give away 50,000 copies of the Home Brewer's Companion (£1.25) in a consumer promotion. The 95-page book, written by David Shearer and illustrated by cartoonist Larry, looks at the brewing process and drinking habits through the ages from Babylonian times to the present day.

Consumers can obtain the book by sending two Unican beer labels together with 30p towards postage and packing. Point-of-sale material is available from *Unican Foods Ltd, Unican House, Central Trading Estate, Bath Road, Bristol BS4 3EH.*

## Ravina pin grip with French design

Ravina are introducing a new pin grip to their Celeste range of hair decorations and accessories. The Gripper (£0.23 for a pack of seven) is based on a French design never before seen in Britain, and appears in a rich gold colour with rounded edges to avoid damage to the hair or scalp. Grippers will be mounted on display cards in the Celeste colours of brown and cream. *Ravina Ltd, 3 Barton Road, Water Eaton Industrial Estate, Bletchley, Milton Keynes MK2 3HS.*

## Winter advertising by Philips

All the major product groups in the range of Philips Small Appliances will be advertised nationally this winter as part of the £5m 1982 promotional campaign. Philips will also be using the new Channel Four where, they believe, programmes will be carefully targeted and are therefore closer to advertisers' needs.

The new double action shavers will front a multi-media campaign for Philishave. National television (a 40-second commercial), local radio, national Press and, for the first time, national 48-sheet posters will all be used from mid-September to December. The campaign, say Philips, will peak in late November after a two-week merchandising drive, followed by a money-back campaign for the Christmas buying period.

The Ladyshave national Press campaign runs through the gift buying season to January 1983. A new 30-second television commercial will be seen regularly through November and December. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN*

## Noir competition

Innox will this Autumn be running a consumer competition on their Noir aftershave, aftershave balm and special cologne. The competition, which will be on-counter from mid-September, offers a holiday for two in Monte Carlo as first prize. Lucky winners will fly to Monte Carlo with Air France, and spend seven days at the four-star Hotel Hermitage. In addition they will receive £300 spending money. Special activities, including a visit to the cabaret at Monte Carlo casino, have also been arranged. Closing date for the competition is December 1. *Innox (England) Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*

## Peaudouce record to be on-cover gift

A major consumer give-away for Peaudouce babyslips promotion will run in the October issue of *Mother* magazine. Each issue will carry a free flexi-record of Nerys Hughes reading *Puss in Boots*.

This offer will coincide with a regional radio and Press campaign in the early Autumn. *Peaudouce (UK) Ltd, Lockfield Avenue, Brimsdown, Enfield, Middx.*

# influvac<sup>®</sup>

Influenza vaccine BP

## BRITAIN'S MOST WIDELY PRESCRIBED FLU VACCINE

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Influvac is available in the innovative  
Mini-Cartrix syringe, and in vials of  
10 dose and 50 dose

Order early

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**influvac<sup>®</sup>** real protection against 'flu

---

**Presentation:** Disposable syringes, ampoules and multi-dose vials containing inactivated influenza virus BP. Available in packs of 0.5ml syringes, 0.5ml ampoules, 5ml and 25ml vials. Basic NHS price £2.20, £2.20, £20.10 and £95.10. **Indications:** Prophylaxis of influenza. **Dosage and Administration:** *Adults and children (over 13 years):* 0.5ml. To be given by intramuscular injection, after allowing the vaccine to reach room temperature. *Children (9-13 years):* 0.5ml. With a second dose not less than 4 weeks later for those who have not yet been immunised with H<sub>1</sub>N<sub>1</sub> antigen. *Children (under 9 years):* not recommended. **Contra-indications, Warnings, etc.** *Contra-indications:* Persons with hypersensitivity to eggs, chicken protein or feathers and patients suffering from febrile illness should not be vaccinated. **Precautions:** Neurological disorders such as encephalomyelitis and neuritis after influenza vaccination have rarely been reported. An association has not been demonstrated except in the case of the Guillain Barré Syndrome (USA mass vaccination programme 1976). The vaccine contains a maximum dose of 0.00625 IU polymyxin and 0.00625 µg neomycin. Use with caution in patients hypersensitive to these antibiotics. **Side-effects:** Transient erythema, painful arm or tenderness at the site of injection or mild fever may appear within the first forty-eight hours. **Product Licence Number:** 0512/0053. **Further information is available from:**

duphar DUPHAR LABORATORIES LIMITED WEST END SOUTHAMPTON TEL 04218 2281 

# With its 10 extra vitamins, it should improve your wealth.

Drink 10 is something completely new. It's also something rather special.

Each glass contains the juice of 10 luscious fruits.

They combine in a heavenly blend to give Drink 10 a unique flavour.

But the story doesn't end there. Each 200 ml glass of new Drink 10 also contains the average daily intake of vitamins B<sub>1</sub>, B<sub>2</sub>, B<sub>6</sub>, C, E and Retinol.

All in all, that gives housewives some very good reasons for buying. We'll be helping you

sell Drink 10 in two important ways.

With big, full colour ads in women's and general interest magazines, right throughout the Autumn and Winter months.

And with a 30 seconds TV commercial in the London and Southern areas.

Ingredients: Apple, Orange, Maracuja, Pineapple, Banana, Guava, Umbu, Mango, Apricot and Peach juice.

Vitamins per 100ml:			
Vitamin C	37.4mg	Vitamin B <sub>6</sub>	0.9mg
Niacinamide	7.5mg	Vitamin B <sub>1</sub>	0.8mg
Vitamin E	6.0mg	Retinol	500µg
Calcium pantothenate	4.0mg	Biotin	0.05mg
Vitamin B <sub>2</sub>	1.0mg	Folic Acid	12.5µg

So expect Drink 10 to be big. Really big. Just like it is in Germany, where it sells over 30 million bottles a year.

Stock Drink 10 now. It'll do you a power of good.



**Introducing Drink 10.**  
**The mixed fruit drink with 10 extra vitamins.**

## The College route to educated practice

The College of Pharmacy Practice is still in its infancy. Barely 21 months old it already carries the burden of continuing the education of its members in the new ideas and practices thought to be essential to their proper development by the founding fathers. How is the erstwhile precocious enfant terrible of some pharmacists coping with such aspirations? *C&D* interviewed the secretary, Raymond Dickinson, for a half-term report.



The College of Pharmacy Practice has charitable status being a company limited by guarantee with a board of governors, currently comprising the members of Pharmaceutical Society of Great Britain's Council plus two members of the board of management. The board, who originally comprised the ten members of the PSGB's Postgraduate Education Committee [of that time], will soon have associates of the College elected to their midst. They control the day-to-day management of the affairs of the 652 associate members — 480 founders and 172 students. The founders will only be eligible for full practitioner membership after completing their covenant obligations in 1983 and then fulfilling a continuing education programme. Fifteen students out of the 90 eligible, will take Part I of the practitioner examinations this month and, if successful, Part II a year later.

### Real growth

Mr Dickinson points out that a real numerical growth of the College will stem only from the student / associate / membership route. The founders are both finite in number, and mortal! And their right to display the designatory letters MCPP is limited if their commitment wavers. He is not surprised at the relatively small number of students who have submitted to assessment in October, in view of the short time they have had to prepare. The first mock examination paper (with answers) was published in April on a syllabus established only in August of last year. The secretary said he had received several comments from individuals delighted at the "reasonably high standard" set. The fifteen to be assessed by the board of examiners in October would be "sufficient to get a feed back" on the Part I syllabus for any review deemed necessary — the Part II syllabus is to be announced soon.

The £95 fee (for Part I) has caused some comment but very little from student members. Mr Dickinson says the

board considered very deeply before deciding on a fee. While not being large enough to deter applicants it must ensure the examinations were self-supporting. This involved some estimation of future costs, including the remuneration of examiners at a "normal" level. But Mr Dickinson thinks that the present fee is "well within the range" of those charged by similar medical colleges. The cost of travelling to London is appreciated by the board, so future examinations may be held at a number of centres, depending on the location of entrants. It is up to the applicant to obtain financial support from an employer or some form of sponsorship, if available.

For example, Winpharm Ltd have expressed themselves "keen to help" community pharmacists taking the membership examination with "any type of problem" they might face. Talks are going ahead between the CPP and Winpharm that could lead to both the production of audio-visual presentations — to encourage community pharmacists to become students — and the establishment of local consultative groups of academic and community pharmacists to assist students prepare for examinations. The Winpharm advertisement offering help with the Part I examination had brought around a dozen serious inquiries from potential new members. Mr Dickinson said that, of the 90 student members eligible to take the Part I examination in October, one or two came from the academic and industrial aspects of practice, 17 are associated with community pharmacy and the remainder hospital pharmacy. Mr Dickinson thought the membership's initial bias towards hospital pharmacy was "understandable". However, he would like to see more community pharmacists coming forward to provide a ratio of interests corresponding to that on the Register. "We want it to be a college which will represent all of the aspects of pharmacy".

As a part of a further recruiting drive, all newly-registered pharmacists now receive a pamphlet which asks: "Now you're a pharmacist . . . is this the end of your ambitions?" The pamphlet invites a response by inquiry. So far 275 have been received. Mr Dickinson realises that students cannot sit the Part I examination until they have been pharmacists for five years, but feels that it is in the interests of the newly-qualified to accept a continuing education requirement after registration. "This maintains the pattern of study established at university and also makes them aware of the developments within the college while they are preparing for the examination".

Any success in persuading this group that the College membership is the next logical step of their careers, will depend



Mr Raymond Dickinson, secretary, College of Pharmacy Practice

on how the College membership examination is accepted. "We feel we are on the right road but we will have to wait a little while to see the reaction of the profession and the employers".

Mr Dickinson said the College was equally anxious to attract into

*Continued overleaf*

*Continued from previous page*

## Critical stage in College development

membership pharmacists who had been on the Register for several years: "We are not concentrating on the newly-registered pharmacists".

Looking ahead, Mr Dickinson said there would be several points in the next year or two when the College would reach critical stages in its development — one would be January 1983 when the original student members would need to satisfy the College of their continuing education and pay a second annual fee. The board was optimistic. It had cause to be because of the response so far: "That of the founder members was excellent and exceeded expectations. And there is now a steady increase in student membership".

Mr Dickinson reported on the progress of the application for a research grant from the DHSS in association with Aston University. The grant — if made — would run from April 1983. A reply was expected early in the New Year following further informal consultations.

### Research grants?

The £180,000 applied for would cover the salary of a director (of professional standing), his secretary, accommodation charges and administration costs over a five-year period. Additionally costings of around £30,000 for the first three-year research project have been submitted to the DHSS — the terms relate only to recent "general" research carried out at Aston, final terms being dependent on the appointment of the director. "Future projects will span the whole range of pharmacy practice with pharmacists throughout the country collaborating with the practice research unit."

Each project would have to be financed separately, some by the DHSS, others by industry. After four or five years a decision on whether to make the unit "self-financing" would be taken. Mr Dickinson said that similar medical research units had enjoyed DHSS support well after the five-year period elapsed.

The board of management meets every two or three months — the governors (plus Professor Elworthy and Dr Trevor Jones from the board of management) meet less frequently. Nominations will be invited shortly for the four new positions on the board of management to be filled by associates. Mr Dickinson expects "sufficient nominations for these three-year appointments to require an election". The ten initial members will remain on the board until 1986 when the CPP could become independent of the Society.

So far the CPP is being financed within the declared budget of £5,000 from its own resources and a Society grant — this year of £1,700 towards the cost of meetings plus a proportion of the PSGB's administrative costs (around £5,000).

Additional funding for the various research awards, Geistlich Chester, Glynn Jones and Vestric Ltd have been forthcoming from industry, and another is in the final stages of negotiation. These awards have not been canvassed directly. "They have enabled the board to concentrate on the development of the examination system."

### Sponsorship for 'professionals'

The board is looking at various ways of increasing the capital base over the next three years and Mr Dickinson expects decisions to be taken in the near future. "The right approach had to be made to these possible sources of support, which included companies associated with pharmacy.

"I am quite confident the board will ensure that any link with a company will in no way affect its objectivity or the work of the College." This principle would be clearly understood by a company before its contribution was accepted. Any acknowledgements of such sponsorship would be "discreet". The CPP could not be seen to be promoting a company or its products.

Mr Dickinson said although professional bodies had in the past rarely accepted sponsorship he felt it was a reasonable way forward for the College and the board welcomed it.

The College will not now produce a pamphlet of "approved" courses run by other bodies — it has not proved practicable to do so. One long-term objective of the CPP is to produce courses of its own, probably in collaboration with other organisations. Mr Dickinson believes the CPP may be unique in having a mandatory continuing education requirement. The College will seek to contribute to the general debate about this policy, along with the Society's Postgraduate Education Committee.

In medical practice, membership of the Royal College of General Practitioners has become closely associated with the vocational experience requirements. "My wish is that the membership examination should be accepted within the profession and by employers as a relevant post-registration qualification of a high standard. Equally important, I want to see the College as a focal point for an upsurge in properly planned and present research projects", says Mr Dickinson. Mr Dickinson has been asked if there would be any financial incentive for community pharmacists to become members of the College in the future —



hospital pharmacists could see membership having advantages in career development. His reply is that an incentive could exist even in company pharmacy because membership assessments will have sections relating to community pharmacy.

He believes the College has had a "healthy birth". The founder members comprise 170 fellows and 310 ten-year members of the PSGB. The "ten-year members" had satisfied the board of their commitment to pharmacy and to the ideals of the College. Indeed, nine such applicants had been refused associate membership and advised to enter as student members.

The financial contributions of the founders had been essential and had provided the basis for independence from the Society in 1986. "The concept of founder membership has been generally accepted. I personally do not hear any criticism nowadays; indeed, there was very little criticism at the outset."

The category of Fellow within the College would be "very much a recognition of an outstanding contribution to the profession although there was a fee involved, the board would not look upon Fellows as a source of revenue.

Although it was too early to predict how quickly the CPP would grow, Mr Dickinson wished to see more community pharmacists become members. They would then be members of a body representing all aspects of practice — a body maintaining high standards and giving an annual stimulus to keep up to date. "This will be of more importance in the future with the growing emphasis on advising health professionals and counselling patients".

Involvement in research projects could only improve community pharmacists, and together with the updating, increase the "job satisfaction" of professional practice within the community activity, Mr Dickinson concluded.



# Clearly a case for a bigger pack.

Aspro Clear is getting bigger all the time. Everyone seems to like the only totally soluble analgesic. So now we're launching a bigger pack size of 48 tablets available only through pharmacies. It's a family size which is more convenient to buy, and will result in higher profits for you.

We're increasing our television spend this year to over £1m, so Aspro Clear will continue to steadily increase its customer awareness.

Look out for your Nicholas representative too, he's got a very interesting introductory bonus offer which we think will encourage you even more to counter prescribe and sell Aspro Clear.

**Aspro Clear. ASA in its finest form.**



# WE'VE GIVEN OUR RANGE OF VITAMINS THE TONIC IT NEEDED

Not that the Sanatogen range needed a pick me up. It's already the biggest-selling range of vitamins in the country.

We're just making sure it sells even better by making it a more comprehensive range. (And by supporting it with a £500,000 advertising campaign).

We've introduced two major new products: a pharmacy restricted, liquid tonic, which is probably the best formulation around, and a B-complex vitamin tablet.

The tonic is fortified with iron, it has added vitamins, it will have the backing of a heavy advertising campaign. So, you won't even need to recommend it, people will be asking for it by name.

The same goes for Vitamin B-complex. As more and more people are discovering the value of B vitamins in combating stress, you're sure to be asked for Sanatogen B-complex tablets.

Which means, you'll see a healthy increase in Sanatogen sales. And that's just the tonic you need.



**SANATOGEN VITAMINS.**

**ONE A DAY, EVERY DAY FOR POSITIVE HEALTH.**

# MUCRON THE TOP SELLING CATARRH REMEDY *BACK ON T.V.!!*



- **Heavy T.V. Campaign in bursts right through from September 1982 to March 1983**
- **£½ million spend on already proven commercials.**
- **PLUS £¼ million National Press Campaign.**

Be prepared  
for the extra and  
profitable sales  
**CHECK YOUR STOCKS  
AND BUY IN  
NOW!**

## **Mucron-THE BRAND LEADER**

Another guaranteed product from International Laboratories

## Retention fees likely to increase next year

Retentions fees for 1983-84 to the Pharmaceutical Society of Northern Ireland will probably be increased in spite of an excess of income over expenditure this year of £7,835, treasurer Mr G. E. McIlhagger told the September meeting of the Council of the PSNI.

Presenting his financial report for the year ended July 31, Mr McIlhagger said income of £49,418 had been contributed to by various items some of which, he stressed, would not recur this year. With the impending retirement of the Secretary a successor would soon have to be engaged and to meet this additional expense it would probably be necessary to increase the retention fee next year.

### President nominated

Nominations regarding the officers of the Society for 1982/83 were accepted, following submissions for President of Mr J. H. Galbraith; Vice-president, Mr G. W. McGlaughlin and Treasurer, Mr G. E. McIlhagger.

Reports from the Finance and House Committee and from the General Purposes Committee were adopted. The latter included a recommendation that the membership of the Council's Committees for 1982-83 be as follows:

□ Finance and House. Miss Watson, Messrs Dillon, Galbraith, Kerr, McGlaughlin, McIlhagger, Napier (chairman) and O'Rourke.

□ Ethical and Law. Messrs Chambers, Corbett, Crawford, Galbraith, Hunter, McDonald, McGlaughlin, Moore and Dr Swanton (chairman).

□ Education. Professor D'Arcy, Professor Grigg, Mrs O'Rourke and Messrs Corbett, Crawford, Galbraith, McGlaughlin and Dr Swanton.

□ General Purposes. Messrs Corbett, Dillon, Galbraith (chairman), Kerr, McDonald, McGlaughlin, O'Rourke and Dr Swanton.

A letter from Mr N. D. Hall was read stating that because of business commitments he had decided not to offer himself for re-election to the Council when his term of office expired in a few weeks' time. Several members expressed regret at the decision and the secretary was asked to convey the Council's thanks to Mr Hall for his services to the Council and to district branches in recent years. Also it was agreed to convey to Mr William C. Magee, Sixmilecross, the very best thanks of the Council for his services to pharmacy over the past decade as a

member of the Western Health and Social Services Board and several of its committees.

### Congratulations

The secretary was asked to convey the congratulations of the president and members to Mr Terence Maguire and Mr Brendan Kerr who had been elected president and information officer respectively of the International Pharmaceutical Students' Federation. Mr McDonald said this was the first occasion that either of these offices had been held by a Northern Ireland student (*C&D* October 2, p.570).

The representatives of the Council who attended the meeting of the BP Conference held in Edinburgh spoke in complimentary terms of the arrangements made by the local committee for the visitors and for the interesting meeting held.

The British Diabetic Association, in a letter to Council, reported on their efforts over several years directed toward the introduction of a new strength of insulin (100 units/ml) and new standard insulin syringes calibrated for its use. The Society's support in bringing this operation to a successful conclusion was sought. A project group had been considering how the operations should be mounted and observers from the DHSS had attended the meetings. Council agreed to support the change over (in reply to a question the secretary said he had not previously been approached on the matter).

### New students

The following people were granted registration as Students:

Colin George Adair, 25 Clonallon Park, Belfast,

Doreen Marjorie Gertrude Cochrane, 115 Killyfaddy Road, Armagh, co Armagh, Thomas John Cusick, 16 New Street, Armoy, Ballymoney, co Antrim, Rhona Elizabeth Graham, 104 Malone Road, Belfast and

Christopher Anthony Toner, 64 Sixtowns Road, Draperstown, Magherafelt, co Londonderry.

The applications of Aileen Deirdre Devlin (née Quinn), 8 Foxchase, Madison, New Jersey USA 07940, for the restoration of her name to the Register and of Roy Stephens, 59 Sea Road, Castlerock, co Londonderry were granted. Mr Stephens' registration was

granted under the reciprocal agreement entered into by the PSGB and PSNI Societies.

The president reminded members that the prizegiving ceremony would be held in the Society's lecture hall on October 20. The address would be given by Sir Ian Frazer, DSO, one of the most distinguished members of the medical profession in Northern Ireland. Prizes have been awarded as follows:

□ PSNI prizes of £20 to Miss K. E. Sinclair, Distinction in Level 3 studies; W. M. Mawhinney, Distinction in Pharmaceutical Chemistry (Level 3); Miss M. E. O'Callaghan, distinction in Pharmacology (Level 3).

□ Boots Company plc, £50 to W. M. Mawhinney, Best Project Final Year (Level 3).

□ Regent Laboratories Ltd, Martindale, The Extra Pharmacopoeia to Miss M. E. O'Callaghan, Distinction in Pharmaceutics and Pharmacology (Level 3).

□ Ulster Chemists Association, £10 to Miss K. E. Sinclair, Distinction in Pharmaceutics (Level 3).

□ Abernethy Memorial Prize, £50 to Miss N. R. Piekaar, Distinction in Professional and Clinical Studies (Level 3).

□ ICI plc (Pharmaceutical Division), £25 to Miss S. R. Maude, Miss F. E. McBride and Miss G. Robinson, Distinction in Dispensing (Level 2).

□ Parke-Davis & Co, £10 to Miss J. D. Denny and Miss E. M. Carvill, distinction in Pharmaceutical Legislation (Level 2).

□ Smith Kline & French Ltd, £20, to Miss E. M. Carvill and Miss H. A. Crown, Distinction in Pharmacology (Level 2). □ Smith & Nephew Ltd, £20 to P. W. Wardlow, Distinction in Pharmaceutics (Level 2).

□ Galen Ltd, £20 to P. W. Wardlow, Distinction in Pharmaceutical Chemistry (Level 2).

□ Evans Medical Ltd, Martindale, The Extra Pharmacopoeia to Miss E. M. Carvill, Distinction in Level 2 Studies.

□ GRL, £20 to Miss G. M. Todd, Distinction in Level 1 Studies.

□ Astra Pharmaceuticals Ltd, £30 to Miss J. P. Armstrong, Distinction in Elective (Level 3).

# Before you buy another vehicle, read the small

Quite a few of the commercial vehicles you see on the roads today aren't exactly what they seem. Disguised in the liveries of famous household names the only clue to their true identity is the discreet National Carriers' logo on the cab doors.

These vehicles are permanently engaged on contract work for companies that pay us to operate anything from a single vehicle to a complete distribution scheme on their behalf.

## **The basic benefits of contract distribution.**

### **The financial benefits.**

Any company that operates its own transport has money tied up in vehicles. How much money depends, of course, on the size of the fleet, but it is always a big investment, a capital sum that could be used more productively elsewhere. What's more, it's an investment that goes steadily down the slippery slope of depreciation as the years pass. When the time comes to replace an aging vehicle you find the new one costs three times as much to do the same work. Who wants that sort of investment? A National Carriers contract will free you from the need to set anything aside to purchase vehicles. What's more, (depending on conditions) National Carriers will buy your existing vehicles from you for cash at the start of the contract,



thus releasing capital back to your company.

### **The management benefits.**

A National Carriers contract is a flexible arrangement providing such distribution services as you require. It gives you a ready-made transport infrastructure which you can pay for by the month, instead of having to finance it and operate it entirely from your own resources. At the same time a contract relieves you of much tedious and time-consuming work. If you have personal experience of the trials and tribulations of fleet management, you'll know just what we mean. Consider these points.

### **Vehicles – no need to buy them.**

National Carriers will provide and operate the vehicles you need on your behalf (as mentioned earlier, they may purchase from you). Any new vehicles will also be purchased by National Carriers after joint consultation.

### **Drivers – no need to employ them.**

If required National Carriers will assume responsibility for all matters to do with the distribution workforce – they're paid by us to work exclusively for you. Recruitment, rates of pay, holidays, sickness, union negotiations and conditions of work need no longer concern you.

### **General maintenance – no need to worry.**

We see that vehicles are

regularly and properly serviced. And kept clean.

National Carriers Fleetcare centres throughout the country are equipped to carry out engineering and bodywork repairs on all classes of commercial vehicles. This service can be built into the contract. Mobile workshops can quickly deal with breakdowns and we will, in any case, provide a temporary replacement vehicle should this be necessary.

Your distribution need never be disrupted.





print.

overwork – no need to  
be buried under it.

Since the vehicles used are  
owned by National Carriers, we  
naturally deal with all the routine  
administration work, such as  
licensing, DoTp testing,  
suppliers' invoices and so on.

We provide secure overnight  
parking throughout the U.K. for  
vehicles away from base.

If you need warehousing we can  
provide that, too, plus facilities for  
stock control and order-picking.

What a National Carriers  
contract means.

In three words it means peace  
of mind. Distribution is vulnerable  
to every sort of mischance that can  
pounce up unexpectedly and skittle  
your deliveries. It's problem-prone  
and non-productive. It can saddle  
you with heavy expenses at a time  
you could well do without them.

A contract with National  
Carriers can take all these burdens  
from your shoulders and give you a

better, more efficient service.

It certainly won't cost you any  
more money and will very likely  
cost you less.  
Finally, what-  
ever the

cost may be, it will be based on a  
fixed standing charge plus running  
costs and will be invoiced to you  
every month.

**Professional power  
in distribution.**

**NATIONAL  
CARRIERS**  
**CONTRACT SERVICES**



Please return this coupon for your copy of National Carriers' Distribution  
Pack, containing comprehensive information on all aspects of National  
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Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Brian Templar, Group Marketing Manager, National Carriers Contract Services,  
FREEPOST (no stamp required), The Merton Centre, 45 St. Peter's Street, Bedford MK40 2PR.

National Carriers. A Member of the **NFC** National Freight Consortium p.l.c.

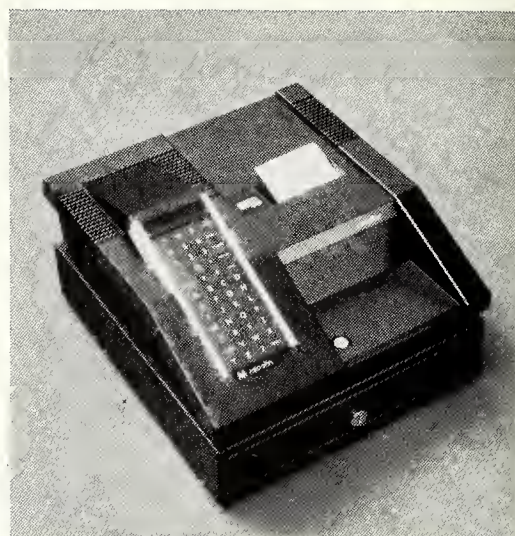
# AIDS TO BUSINESS

## Detachable terminal on shop till

A shop till which uses a portable data capture terminal as a keyboard has been launched by Microfin Systems. The Retailer is a mains powered unit comprising a 40 column receipt printer, a detachable PDC terminal and a cash drawer; a bar code reader is available as an option. The Microfin terminal

provides operating intelligence to control the printer and cash drawer. It has up to 32K of CMSOS RAM memory and can be detached from the till for hand held operation.

As with other point of sale terminals the stock code of each item sold is recorded. At the end of the day the PDC unit can be removed from the till and information transferred to a central computer using a telephone. The alpha characters on the keyboard may be redefined to give till read functions. The



terminal can be used for stock taking and ordering purposes if required.

The Retailer is more suited to multiples selling high cost, low volume items because of its relatively small memory, but could be useful in smaller pharmacies. *Microfin Systems Ltd, Winslade House, Egham Hill, Egham, Surrey TW20 0AZ.*

## Metatone<sup>\*</sup> Tonic

-part of the family



**PARKE-DAVIS**

part of the Warner-Lambert Group

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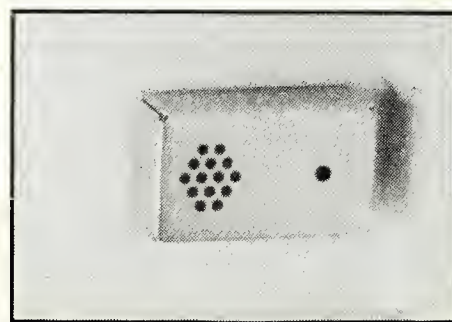
**Active Ingredients:** Vitamin B<sub>1</sub>, Ph Eur, Calcium glycerophosphate, Potassium glycerophosphate, Sodium glycerophosphate, Manganese glycerophosphate.

Parke-Davis & Co., Usk Road, Pontypool, Gwent NP4 0YH.

Further information and data sheet available on request. \*Trade mark R81056

## Goodwood modular choice cabinets

Beanstalk have introduced a new modular system of display cabinets and counters known as the Goodwood range. Use of interchangeable doors, shelves, sides, tops and drawers means the range is available in "hundreds of configurations and combinations." The units are finished with natural ash trims and edges. *Beanstalk Shelving Ltd, Chichester, West Sussex PO19 2TZ.*



This break glass detector from Intercept Alarms can be fixed anywhere in the room but it is claimed cannot be triggered off too easily by outside noise. The device covers glass within a radius of eight metres from an interior wall position. The passive sound detector senses noise by means of an electronic microphone. The sound is then amplified and analysed. The detector, available only to Intercept owners, is sold as part of the Intercept computerised alarm system, which sells at £75. *Intercept Alarms Ltd, 11 Totteridge Common, London N20*

## The goodwill connection in buying a pharmacy

by Eric A. Jensen BCom, MPS, FIPharmM, MInstM

Although academic qualifications and technical knowledge are an important contributory factor to one's personality, they are not enough to ensure success in business generally — and emphatically not enough in community pharmacy. To be on the register of pharmaceutical chemists is evidence only to a certain extent that one can conduct a pharmacy with profit.

Clearly pharmacies vary as to the extent to which non-technical, non-academic qualities are called for, so it is vital for any prospective buyer to check whether his or her unique personality matches the needs of a pharmacy under consideration.

In some pharmacies speed of service and rigorous stock control have a much greater effect on goodwill than in others, where a leisurely tempo giving adequate time to talk with customers is an ingredient in acceptance locally. Compare a business dealing largely with commuters hurrying for their train with a rural pharmacy where the next bus might not leave for an hour or two. Trading position, discussed in previous articles, is closely linked with personality factors.

As well as self-analysis by the prospective buyer, investigation of a pharmacy should include a consideration of the present owner, and an assessment of his personality as a factor in the goodwill of the business. In the case of pharmacies run under management, whether these are branches of multiple concerns or privately owned companies, consideration should be given to the brand image of the pharmacy or group of pharmacies, paying particular attention to those patronising the individual establishment.

### Horses for courses

A would-be purchaser should decide whether the image is one he or she wishes to maintain or whether a change is desirable: in either case it must be asked whether the prospective buyer is equipped to achieve what is desired. A pharmacist aiming to convert the image of a cut-price highly diversified pharmacy into that of a specialist medicine-only type of business might have to be prepared for a lengthy period of adjustment, during which profitability could suffer. Alternatively, if customers are ripe for the transformation, he may find a surge in profits. Naturally,

if the existing image or personality of a pharmacy is to be changed, the goodwill is less valuable to a purchaser contemplating such change than to someone happy to continue on the established lines. The vendor might not be prepared to reduce the price for goodwill simply because a buyer wants to change the pattern of trading; what happens in practice will depend on the market for the type of pharmacy concerned and on whether there are other potential buyers in the field.

### Specialist skills

Where a pharmacy for sale has some specialist department (such as for instance in photography, homeopathy or veterinary products) it is essential that a purchaser has the requisite knowledge and experience to maintain customers' confidence in those sectors of the business. Those whose expertise is (say) of the box Brownie category could quickly find themselves out of their depth when trying to discuss the latest cameras with knowledgeable clients, and once the confidence of expert amateurs is lost it is extremely difficult to recapture.

It could be argued that specialist staff can be employed, and that the pharmacist then need not have the expertise to cope with every query in every department of a diversified concern. But staff can leave and an owner is vulnerable if he places too much reliance on the superior knowledge of others.


It should be borne in mind that there is specialisation and diversification within the pharmaceutical sector alone. It can be hard for a pharmacist unversed in counter-prescribing to take over from someone with a high reputation in the neighbourhood for skill in prescribing for customers' ailments. From the above it will be inferred that study of the

Continued on p655

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With so many health-conscious customers around, it's a golden opportunity to profit from this huge low calorie market. The Slender range offers 4 instant soups, 2 instant desserts, and the

first ever slimmers' hot chocolate drink.

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Low Calorie Range created a new

business sector for chemists.

Exciting advertising in women's magazines will give it national lift-off.

Stock up now: remember, only chemists can!



## Slender low calorie range.

Delicious tastes at up to half the calories.

# Self-analysis and suitability

personality of the vendor as well as of the accounts, is crucial if a wise buying decision is to be made. Where observation shows that a vendor has been unpopular with customers because of personality failings, a purchaser should first ask whether he or she would be more suitable, and then consider whether the situation is retrievable. Assuming the answer is positive in both respects there could be the opportunity to obtain at a relatively low goodwill figure a business with potential for expansion.

These comments on the influence of personality on the goodwill of a pharmacy illustrate that the same business can be of varying cash value to different prospective buyers, and that there can be no rigid formula for the evaluation of goodwill. There can be no certainty that a new owner will be seen by customers as a perfect substitute for the old — and in some cases it may be preferable if he or she is not. A degree of risk is inevitable when a purchase is made, but only by taking risk can we hope for profit.

## People and connection

The profit of any pharmacy springs from the customers it serves and hence few would-be proprietors fail to obtain the fullest possible information about turnover for several years past. The customers constitute the market served, and are part of what we can term the “connection” of the pharmacy. Although customers or clients are a key element in the connection, it is dangerous not to give due weight to other aspects which are sometimes overlooked or not accorded due attention.

The connection of a pharmacy may be studied under three main headings:-  
1. The relationship with suppliers of goods and services to the business.  
2. The relationship with suppliers of goods and services to the business.  
3. Other relationships, less direct than those under 1 and 2, but still significant. These include relations with shopkeepers in the area, the landlord of the property, relevant local government officials or departments, VAT officials, Consumer Protection Departments, the officers of the Pharmaceutical Society and of other bodies to which the owner might belong and the bank manager, accountant, solicitor, consultant and so on engaged by the owner. Each of these should be scrutinised by a prospective purchaser as they can all affect goodwill.

The vendor of a pharmacy might have special credit or other concessions granted to him or her by long-time suppliers of the business. Such facilities could make a substantial difference to the capital needed and to the general conduct of the

concern. On occasion, suppliers might take the opportunity of a change of ownership to revise or withdraw such arrangements. This could embarrass a new owner with small financial reserves or involve him in leaning more heavily than expected on say the bank, with consequent interest commitments.

It is not only on the financial side that facilities might be terminated. Arrangements regarding the supply of goods on sale or return, or the replacement of slow sellers with other lines may also be affected. The lesson to be learnt is that the prospective buyer should check whether a pharmacy has owed some of its profits to trading arrangements which would not apply to a new owner. If so, he should try to ensure continuation of these arrangements before a contract is entered into. Adequate preparation by a purchaser must include a check on the help available from any business connection of either party to a sale/purchase deal.

## Evaluating staff

It is not possible to place an exact cash value on staff, but it is essential to assess the staff in any pharmacy under consideration. The contribution of staff to goodwill value ranges from nothing (or even from a negative value) to being highly important. In some businesses customers have more contact with staff than with the proprietor and can be confused as to who is in fact the pharmacist. Such a situation is not rare where a young pharmacist spends a great proportion of time in the dispensary, leaving the majority of customer contact perhaps to a senior member of staff who has been employed for many years. A new owner losing this type of staff on takeover or soon afterwards could forfeit much of the goodwill purchased. Among other investigations regarding staff, it is crucial to try and ascertain whether current staff are likely to remain when the business changes hands. Older staff, frequently the most valuable for goodwill are often reluctant to continue under a different proprietor, especially if they have had no chance of getting to know the newcomer in advance.

Part of the overall investigation of any pharmacy should cover facts such as the ratio of wages and salaries to turnover, rate of staff turnover and the legal position regarding unfair dismissal, redundancy and so forth. Individual staff data should include so far as is possible, each member's age, length of service, training, personality (in particular attitudes to work and fellow employees), ability and potential and relationship with customers, suppliers and other people involved in the business (including the employer).

Information and impressions about staff should be viewed from two angles: how do staff contribute to goodwill now, and now could they contribute under new ownership? Will it be possible to retain those it is desired to keep and how costly or difficult would it be to part, now or

later, with any the purchaser would not wish to employ? If a prospective buyer can detect unused abilities in staff or if it is clear they could, in the future, make a much bigger contribution to profitability, this could be regarded as part of the business potential to be analysed later in this series.

The value of staff to a pharmacy, not quantifiable in cash, must be understood in relation to goodwill, notwithstanding that staff cannot be bought along with stock and fixtures. Investment in people, in their development and training can be the most productive of all investments for all concerned. This consideration of human values in pharmacy reinforces still further that there can be no mathematical formula for goodwill.

## Special amenities

Would-be buyers are influenced by many factors other than the purely and directly financial. It follows that, as these other factors arise from the interaction between buyers and sellers in the market, they therefore affect goodwill. A group of factors which are not financial, although they might have financial angles, may be studied under the heading of social amenities. Other things being equal, the price of a pharmacy will be higher (the market for it being wider) if it can offer all or some of the following. Buyers will not rate each point of equal importance, and will differ as to what appeals to them and their families.

1. Living accommodation on the premises. The value will vary with the number of rooms, condition, inclusion of garage and so on.
2. Availability of schools in the neighbourhood.
3. Convenience of transport.
4. Ease of access to amusements, sports, libraries, other shops.
5. Proximity to a large town or city.
6. Nearness to coast or countryside.
7. General standing and desirability of the area.

The list is not complete, but suggests the kind of amenity many buyers seek — amenities they are often ready to pay large sums for as part of the goodwill package. The less a buyer is concerned with amenities, the greater the prospect of buying for a so-called low price. The term “so-called” is inserted because, in a perfect market, only ignorance or philanthropy can throw up bargains for buyers or windfalls for sellers. Perfect markets do not exist in reality and a few comments on markets will follow in the next article before we proceed to examine competition as a factor in assessing goodwill values.

by Mr R.M. King MPS

## Pondering on PIP... just what is possible?

It has occurred to me that some of the adverse comments made about the PIP code have missed the point. PIP code is intended to be an interface code and was never meant to replace any existing code. However, there is nothing to stop anybody adopting it as their primary computer code. But it is much easier to use it as an interface program rather than to start again from scratch and recode one's entire inventory.

By opting for the *C&D* code at the outset, Independent Retail Computer Systems adopted PIP code as a point of sale code. It is a pity that the code was changed on the way, I still consider a six-digit code unnecessary for POS, and one still has to do one's own interface to take advantage of price look up facilities.

### Coding orders

Direct order transmission is here to stay as demonstrated by the popularity of Link and Prosper — no doubt we shall see Numark entering into the field shortly. The worst part about any coding system is getting it going and the merchandise coded. Keeping it running is fairly simple, especially if provided with pre-printed code labels. The chore comes in having to look up the code and this is all the more irksome if one is working on one wholesaler's code, they are out of stock, and one has to find the code for a number two wholesaler. The big advantage of any code system is that an item code is specific and much more precise than a product description. We long ago discovered the advantage of knowing the wholesaler's code for drainage bags as it made it possible to reorder the precise item without a long conversation. How much greater the benefit if the same code means the same item to all suppliers. The red herring is that there is never likely to be a universal keypad which all wholesalers can accept.

Vestric proved years ago that the use of voice cassettes where Vantage lines were ordered by item code greatly speeded up the order process. Even if one does not have a wholesaler's keypad, it is quicker for both retailer and telesales girl if the order is given in code. Therefore all that is required is that the input terminal can accept PIP code. This means an interface program for the computer. Vestric have done this with Link and it should stand to reason that when Numark get organised,

their order entry device will do the same.

There is one more important point and this is to do with check-digits. In order that the receiving computer does not get a lot of invalid codes, the input terminal must be capable of check digit verification and of course Link does this. All clever stuff! This sets one wondering that if the boffins are this clever, how far have they gone without telling us? My practical knowledge of computer technology can be written on one frame of microfiche with a felt tipped marker, but I do know that for successful communication between one device and another via a modem or acoustic coupler, the output data has to be in a certain form for telephone transmission and the recipient must write software to handle the input.

### Possibilities...

Normally this type of project is undertaken with the co-operation of both ends, but it has to be within the realms of possibility that the recipient could work it out. This means that in theory Unichem could receive and understand a Link transmission and likewise Vestric a Prosper one. Whether they can or not I do not know but I bet they have tried!

This, therefore, puts us in the excellent position that using one only order entry device the following sequence of events is possible.

- ☐ Wholesaler A phones for an order
  - ☐ Order transmitted on A's device in PIP code
  - ☐ "Out of stocks" sent back
  - ☐ Out of stocks re-entered
  - ☐ Wholesaler B phones
  - ☐ Order transmitted to B on A's device
- This blows apart the need for a universal data entry device.

There is another bonus to people using a stand alone system such as Monarch. They have the facility to enter a supplier item code against each item on file and this prints out on the replenishment report. It is a simple matter to key in a bulk order on an order entry device and it is probably not worthwhile considering transmitting direct from a Pet.

Vestric have taken the lead by accepting PIP code — who will be next? It will only take one other major wholesaler to follow and the rest could be left out in the cold if they do not jump on the bandwagon. ■

## Biotherm advert complaint upheld

A complaint concerning a Biotherm advertisement appearing in *Vogue* has been upheld by the Advertising Standards Authority.

The advertisement appeared in the form of an eight page diary entitled "Biotherm beautiful new outlook," which claimed the product helped "to a firmer outline around the areas prone to cellulite, especially the hips, knees and thighs." The complainant challenged the acceptability of the reference to cellulite.

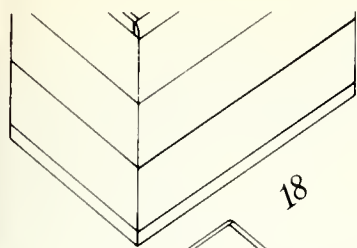
The complaint was upheld although the advertisers said the advertisement was a *Vogue* promotion, and written by the publishers. It would not be repeated.

In a complaint against Smith & Nephew Ltd two members of the public objected to a Press advertisement for sun products which stated: "Those of us who wear sunglasses should beware of using cheap pairs. The dark lenses screen out visible light causing the pupils to open wide. But if the glasses don't also screen out the invisible UV rays (and many don't) then these could damage the lenses of our eyes." The complainants contested the validity of the claim and considered it to be alarmist. The claim was not upheld after independent advice was taken.

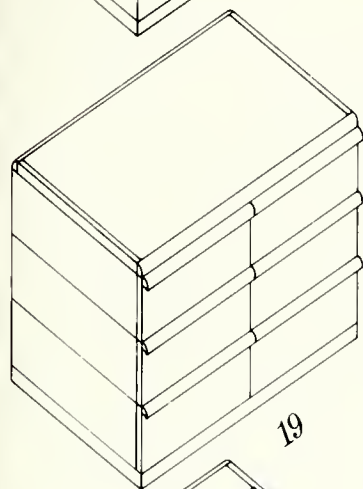
■ Prescription statistics (Scotland). The table gives the average cost of prescriptions dispensed by chemists and appliance suppliers in Scotland in February:

	Pence
Ingredient cost	290.778
Oncost	38.619
Dispensing fee	33.485
Interim allowance	6.990
Container allowance	3.800
Misc costs	1.029
<b>Gross cost</b>	<b>374.701</b>
Less charges	26.163
<b>Net cost</b>	<b>348.538</b>
Total number of prescriptions:	2,934,857

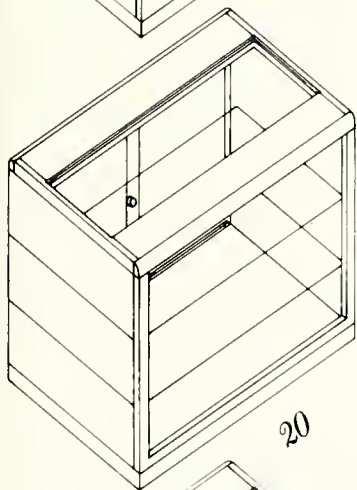
And March:-	
Ingredient cost	305.533p
Oncost	39.389p
Dispensing fee	33.450p
Interim allowance	6.990p
Container allowance	3.799p
Other misc costs	1.161p
<b>Gross cost</b>	<b>390.322p</b>
Less charges	26.406p
<b>Net cost</b>	<b>363.916p</b>
Total number of prescriptions:	3,212,044
Compilation of figures has been delayed by an industrial dispute.	



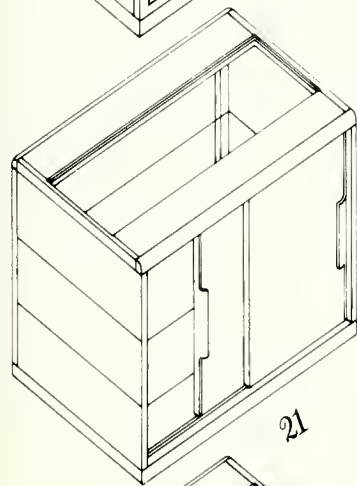
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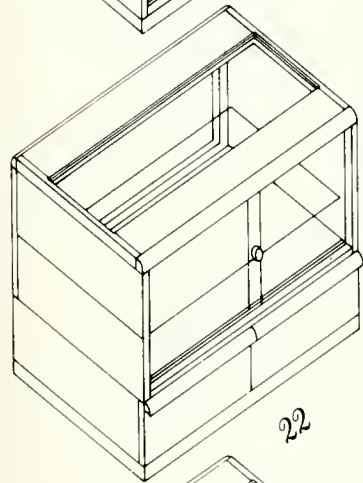
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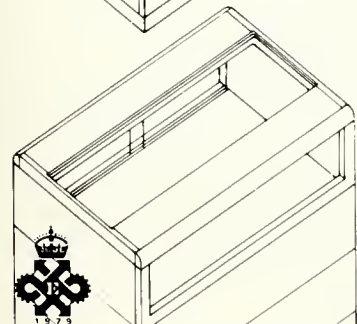
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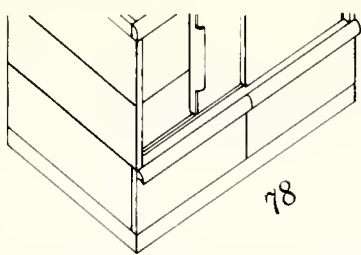
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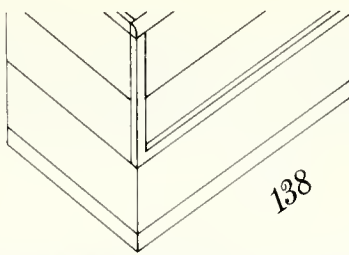
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138

## THE BIGGEST CHOICE OF COUNTERS YOU'VE EVER SEEN

Goodwood is an exciting new range from Beanstalk.

Literally hundreds of different counters and display cases - all available direct from stock.

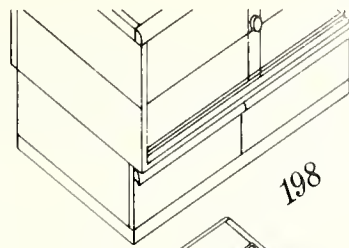
With such a tremendous choice, Goodwood is certain to provide everything you need - from individual units to a fully integrated counter system.

What's more, Goodwood brings you all the style and quality you'd expect from Beanstalk. We've used solid Ash wood as a distinctive co-ordinating feature of every unit. Along with carefully selected materials that ensure strength and durability.

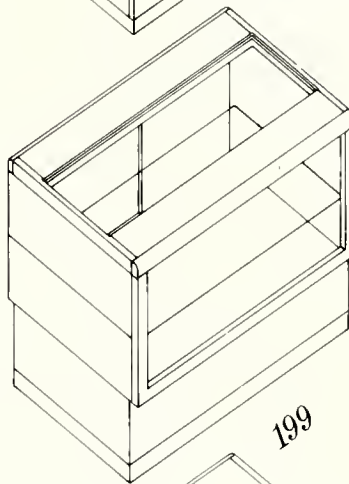
There's never been a single system that offers you so much. Everything you need for superb display and back-up storage can be combined - exactly as you want it.

Goodwood counters and display cases. Ready when you need them from your local Beanstalk branch. You really must see what a choice Goodwood offers you.

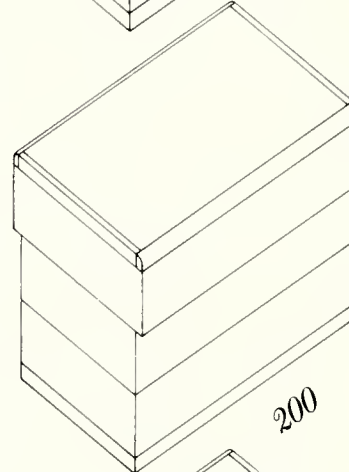
Send for full details today.



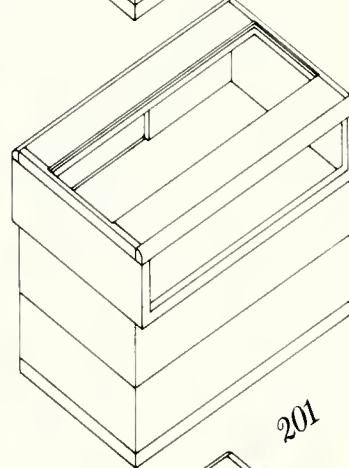
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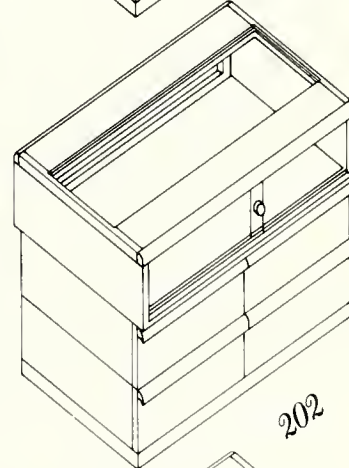
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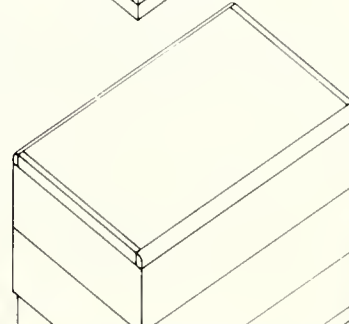
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ABOUT GOODWOOD COUNTERS AND CASES

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Shop \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

# GOODWOOD

Counter Range from **Beanstalk**

CD/C/1



Continued from p656

## Advantages of buccal GTN

Suscard buccal tablets, recently introduced by Pharmax Ltd (C&D, September 25, p526), are said to combine the advantages of sublingual glyceryl trinitrate with those of oral sustained release preparations but without the disadvantages.

When placed between the upper lip and the gum, the Suscard tablet acts within 30 seconds and lasts for five hours, thereby relieving the acute anginal attack while providing longer term prophylaxis. The drug is absorbed into the buccal circulation; incorporation in a Synchron controlled release system avoids the problems of tablet disintegration in the saliva and consequent loss of activity when the drug is swallowed and metabolised in the liver.

Speaking at a Press conference last week to launch the drug, Dr Anthony Goldberg, Pharmax medical director, said that the controlled release of glyceryl trinitrate avoids the high blood levels associated with sublingual preparations and could account for a reduced incidence of side effects such as headache. Other advantages are the longer shelf life — three years in the unopened bottle and six months after dispensing.

Dr Goldberg said pharmacists would have an important role to play in advising patients how to place the tablets correctly. Patients could still speak normally, eat and drink with the tablet in place as the polymer base tended to form a sticky gel, holding it in position. If preferred, the tablet could be removed while eating and replaced later or with a fresh tablet. It had been shown that even after five hours a single dose of Suscard was as effective as sublingual glyceryl trinitrate at five minutes. Leaflets will be available for pharmacists to hand to patients. *Pharmax Ltd, Bourne Road, Bexley, Kent.*

## Sympathomimetics in heart failure

The drug treatment of heart failure is changing. Diuretics remain the basic therapy, and digoxin still has a place, but new agents are being used when these fail, according to the *Drug and Therapeutics Bulletin*.

New types of treatment use inotropic agents which increase myocardial contractility, and vasodilators which reduce the load against which the heart has to work. Sympathomimetic drugs such as dopamine, dobutamine, prenalterol, salbutamol and remiterol

have inotropic and vasodilator properties or both. The report concludes sympathomimetics are useful in the short term treatment of heart failure, but their role in the longer term still needs to be ascertained.

## Blood pressure weather

Blood pressure varies with the seasons, according to figures from the Medical Research Council in the *British Medical Journal*. The Council's treatment trial for mild hypertension has recruited over 17,000 people with mild hypertension and followed them up for five years.

For each age, sex and treatment group systolic and diastolic pressures were higher in Winter than in Summer. The seasonal variation in blood pressure was greater in older patients and was highly significantly related to daily air temperature measurements, but not to rainfall.

## Captopril improves exercise tolerance

Use of the anti-hypertensive captopril significantly improved exercise tolerance in patients with severe heart failure whose symptoms were not controlled with digoxin and diuretics. A report in the *Lancet* says significant results were achieved in a placebo controlled study with ten patients.

Captopril is an angiotensin-converting enzyme inhibitor and drugs of this type have been shown to have beneficial effects on indices of left ventricular function in patients with heart failure. Measurements of forearm vascular resistance (an indirect measure of arteriolar tone) and of venous tone were made, and improvement in exercise performance correlated significantly with the reduction in vascular resistance caused by captopril.

A diet rich in fibre may protect against duodenal ulceration, another *Lancet* report says. A diet high or low in fibre was randomly allocated to 73 patients with recently healed duodenal ulcers for six months. During this period ulcer recurrence was found in 28 (80 per cent) of the 35 patients on the low fibre diet compared with 17 (45 per cent) of the 38 on the high fibre regimen.



Vestric have added this 40ft truck and trailer to their delivery fleet of vans and lorries. The truck will clock up a weekly 1,000 miles travelling between the company's offices and distribution centres nationwide. Vestric hope it will act as an eye-catching mobile hoarding, "reminding the public of the convenience of their Vantage chemist"

## EEC grants and loans explained

A new guide to the range of EEC grants and loans available to companies in the UK has just been published. The booklet lists subject areas where finance is available and provides the potential applicant with enough information to make a preliminary assessment of whether or not he is likely to be successful. It also explains how to make applications or obtain advice regarding conditions of acceptance.

In addition to socially-orientated financing such as education and training grants, regional development aid and

assistance for developing countries, backing can be obtained for suitable research and development activities.

This funding may be carried out by the European Commission themselves at their own expense, managed by the Commission but carried out by research organisations in member states — in which case the cost is shared between the Commission and the bodies involved — or simply co-ordinated by the Commission which then contributes no finance. Total EEC spending on research and development activities in 1980 totalled £170m. *Finance from Europe* is available free from *European Commission Distribution Dept, PO Box 22, Weston-Super-Mare, Avon BS24 9EW.*

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**NEW 6 DAY PREDICTOR. NO OTHER TEST IS THIS ACCURATE, THIS EARLY.**

# RPA MEETING

## Option form protest, but RPA still backs Clothier

Patient option forms for giving a choice between pharmacist and doctor dispensing should be administered by an independent third party. A motion to that effect resulted from a meeting called by the Rural Pharmacists Association on Sunday — but the forecast rejection of the Clothier report on the strength of the option-form issue failed to materialise.

That there were two different opinions emerged from the “top table” when chairman Mervyn Madge and secretary John Davies put opposing points of view. Mr Madge first listed the advantages and disadvantages of Clothier’s recommendations:-

### Advantages

1. The present position of many rural pharmacists will be safeguarded with no fear of dispensing doctor opening on the doorstep.
2. “Rural in character”, has never been defined under the various Acts. The new national body will decide rurality and develop case law.
3. The FPCs will have to keep lists of doctors’ dispensing patients.
4. There is a right of veto. Decisions will have to be unanimous (not liked by the DHSS which prefers majority). “We all know of cases where lay members tend to vote with the doctors and outvote the pharmacists.”

### Disadvantages

1. It will no longer be possible for a pharmacist to open and claim the one-mile limit.
2. The principle that the doctor prescribes and the pharmacist dispenses is abandoned.
3. Doctor dispensing is recognised as equivalent to pharmacist dispensing.
4. Doctors have the right to “carry” option forms “for patients to sign — this is not truly “freedom of choice”.
5. The position of the building estate next to a rural area is another contentious issue.

Mr Madge asked RPA members whether they were willing to persevere and refuse to accept the option forms for doctors to the extent of torpedoing Clothier — and “go back to the jungle warfare, jeopardising some of your colleagues”. He suggested rather than a breakdown of Clothier, consideration of a trial period of three to five years to see how the compensation scheme worked in persuading doctors to give up.

Other suggestions included a mass

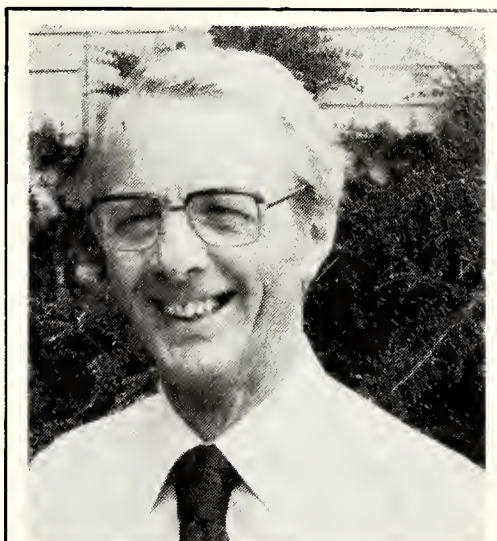
lobby of MPs, requests to PSNC and the Society to call off negotiations, and legal action by means of an injunction against pharmacy’s representatives — bearing in mind that that might lose RPA the support of non-rural colleagues and would be expensive.

### Case for militancy

Mr Davies, on the other hand, put the case for militancy, objecting to the way doctors were dictating in pharmaceutical matters. He reported that RPA had received 89 letters, of which 86 backed the stand on option forms — the other three were “wavering”. Eleven LPCs had met and given their backing, and 54 letters had been written to MPs. In addition the RPA had received many telephone calls and there were 33 apologies for absence. (Later, in a vote on the motion, 15 members were recorded as present — though one or two had already left — plus 10 non-members.) In reply to the chairman, Mr Davies agreed that the letters received did not specify whether the writers were prepared to lose Clothier over the option form issue.

Mr Davies had begun his introduction by recalling that under Clothier both professions had agreed that where a choice exists, the patient should have a completely free choice, and his request for a doctor to dispense for him must be in writing. But the situation was nothing like that in practice. “The dispensing doctor with his staff trained in the art of seducing patients on to the dispensing list, never tell patients that they have the opportunity of getting their medicines from a pharmacist.”

The Regulations clearly stated that the patient must make the request to change, so the implication was that all patients are prescribing list patients until they request otherwise. “It is certainly against the regulation that doctors should ask patients, or that receptionists should tell patients, and I think that any evidence of such activity taking place should be very strongly dealt with.” It was useless



Mr John Davies, RPA secretary: ‘Doctors have been falsely painted as the providers of medicines’

negotiating on such proposals if they were going to be twisted to act in the dispensing doctors favour, Mr Davies contended.

What did dispensing doctors do to the rural pharmaceutical service? By determined efforts they had caused the demise of many pharmacies. They had created a belief in the mind of the public that they performed the same service as supplied by a pharmacist. They had emasculated services in many areas that otherwise would have developed to the benefit of rural patients. They had been paid on a double reimbursement system which had encouraged actions contrary to the intention of Regulation 30. They had replaced in many areas a safe, protective, professionally-run dispensing service by one unsupervised and frequently run by inexperienced staff.

### Illusory service

Dispensing doctors, Mr Davies continued, had taken on or run a service accountable only to themselves, whether the doctor was actually present or miles away playing golf or seeing another patient. The dispensing doctor became his own insurance agent, and thus provided no safety net for the patient who was vulnerable to human errors. “The service of convenience to the patient is illusory, and in fact pharmacy delivery services could well be implemented in rural areas, given sufficient patients to service.

“These are hard facts and most of them the public are completely ignorant about them. And in some ways the pharmacist helps to perpetuate the myths. It is our job to spot the mistakes doctors and their staffs make, and at the same time to ensure that the patient is unaware of these errors in order to sustain confidence in the doctor. Our reward for this service is that doctors have been falsely painted as the providers of medicines. The doctors have taken advantage of the gullibility of patients in the way they have increased their dispensing lists for the purpose of lining their pockets to the detriment of the rural pharmacists and to the detriment of safety and protection of rural patients.”

*Continued overleaf*

## An acceptable arrangement giving 'freedom of choice'

Mr Davies then put forward an arrangement for options forms pharmacists might be able to accept. He argued against forms being sent direct to the patient from an FPC since doctors could still use their powers of persuasion. "Why not simply get the patient to write to the FPC when they feel they wish to change from pharmacist to doctor. Why not make this the only way a patient may change — no typewritten or photocopy form would be acceptable, just a good old-fashioned request from the patient, to be retained by the FPC. That's what I would call "freedom of choice".

Mr Davies suggested that the reverse course of action would also be acceptable, when patients wish to change from doctor to pharmacist. The present situation is that new patients are automatically prescribing patients until a patient requests a change. They have then the freedom of choice to change to dispensing list."

Noting that if pharmacists decided against the option form arrangement now on the table, Clothier would collapse, Mr Davies recalled the history. The PSNC and Society, he said, were against the option form arrangement but were voted down by the combination of FPCs and GMSC. The FPCs were willing to accept signed forms, to retain them and check the "legality" of the document — ie that the patient was outside the one-mile limit and that the doctor had been granted outline consent. The FPCs were not willing to issue forms and the doctors apparently would not agree to any option forms being issued other than at their surgeries.

### Pharmacy 'subservient'

"This 'dictat' in negotiation procedure amounts to a veto and it is obvious that the pharmaceutical profession is now subservient to the wishes of the medical profession in pharmaceutical matters. This is palpably wrong, and no honourable profession should be so arrogant as to take over professional responsibilities of another profession. No negotiating body, purporting to be fighting for its profession, should contemplate ever having to give a second thought to such a proposal, leave alone having to agree to it."

Regulation 30 had intended that requests by patients for doctor dispensing would be based mainly on convenience. "How then have we got to this sorry state when patients passing the door of the pharmacy, are supplied by the doctor? We will have to consider how we can become

arbitors of our future. We won't do this by hiding our light under a tree, or by not advertising the services we are willing to give.

"A new approach needs to be developed, a new attitude of servicing patients away from our pharmacies needs to be kindled and a new idea as to our identity and our rightful place in the community service team has to be fought for."

First speaker in the discussion was Mr Keith Jenkins, Burnham Market, Norfolk, who urged the meeting to take action because acceptance of Clothier would perpetuate indefinitely dispensing by doctors — which had been tolerated for too long by Government. The system was subject to abuse because doctors refused to be accountable for their supply of goods — on a Government contract drawn up essentially for the supply of services (where goods are concerned, there is always provision for testing).

Mr Jenkins claimed that the average dispensing doctor could earn £5,000 a year more than his urban colleague's average of £20,000 gross. The proposals would impede Government attempts to effect economies in the family practitioner services and threatened the existence of the rural pharmacist, whose value to the community extended far beyond his basic source of income, the NHS contract.

Mr C. B. Taylor, treasurer, understood that option forms would be given to patients only on joining a practice so it would take 20 years to give them any significant choice. The chairman however was more concerned that the movement of population into estates in what were

classified as "rural areas" would be to the advantage of dispensing doctors already there. Under the Clothier proposals, it would be possible to object to the rural classification as population built up.

Mr Roger King, vice-chairman, recalled that when Clothier had first been debated he had contended it should be thrown out because it accepted doctors had a right to dispense. However, the RPA should not appear to be over militant at this stage because to the patient doctor dispensing appeared to be the better service — it was the equivalent of "one-stop shopping". Mr King asked what he could do to create an element of doubt among patients that they were getting the best service. Personally, he already told patients who presented a prescription for a "mucky ointment" that the doctor's staff did not have the competence to prepare it. But pharmacists must also show that one-stop shopping was potentially dangerous — without denigrating the *medical* service given by the doctor. Mr King felt it would be unwise to throw out Clothier until the patient was won over.

### Return to open warfare

Mr H. Shackleton, Gwent, was also concerned about the alternative to Clothier — it would not be a question of returning to the standstill, it would be a return to open warfare. Clothier, he said, gave an opportunity to delay changes and the provision of compensation was some consolation. Nevertheless the fight must be continued.

Mr Taylor agreed — on the basis of 20 years' industrial experience of negotiating with unions — that it was necessary to "grab what you can, then tear up what you don't agree with". The aim must be to build up Clothier through case law in the dispensing subcommittees; local problems could then be referred up to the national committee. Mr D. Hoyle, Derbyshire, thought that if Clothier were accepted as it stood, it would take 20 years to get a change — rejection and pressure on MPs might bring a better deal more quickly.

Mr Lawrence Collin — who has set up a pharmacy close to a dispensing doctor's practice in Great Wakering, Essex — said that after nine months in the wilderness he believed such a pharmacy could be viable. However he was ambivalent on Clothier. Under it the right to open as he had done would be lost, but he still hoped Clothier would be implemented sooner rather than later — thought not at any price, and option forms were a regrettable price since they themselves could lead to closures. Nevertheless, closures would occur without Clothier, since the doctor now had only to write "D" on the patient's record form. Mr Collin did not believe pharmacists could win in jungle warfare, and suggested that the profession should ask for option forms to be postponed for later negotiation.

Mr Mervyn Madge: against a return to "jungle warfare"



See also Comment, p623.

# LETTERS

## Our of hours services

The president of the Pharmaceutical Society has called for a major effort to ensure that the services provided in every community pharmacy leave no doubt that they are an essential part of the primary health care.

However, when it comes to the provision of a rota service, not only in the evenings but also on Sundays, Bank Holidays and including the Christmas and New Year periods, there is an increasing number of pharmacies opening up in circumstances which make the provision of such services from their premises virtually impossible.

This applies even more so in arranging an out-of-hours voluntary service for urgent prescriptions, where in-store pharmacy concessions are being set up in supermarkets — Safeway, Tesco, Mainstop, Woolworths, etc, etc — and where there probably isn't a cat-in-hell's chance of the pharmacist concessionaire opening up the premises in the small hours, and probably not able to carry out

a normal evening, Sunday or Bank Holiday rota either.

Paradoxically, the president's former employers themselves have moved, or are moving, some of their branches into even larger stores, either into precincts closed at night for security reasons or locating the pharmacy within the store where access at night is either via a badly-lit alley or where it would take acres of fencing or ropes to shut off the rest of the store. In some cases the company has sought and obtained exemption from being included in the local rota service scheme by putting these reasons before the FPC Hours of Service subcommittee.

It has been said that in-store concessions, or stores pleading inability to carry out rota duties, should not be granted a NHS contract, but there appears to be no clear guidance to local Family Practitioner Committees who adopt the attitude, rightly or wrongly, that if the pharmacy is registered with the Pharmaceutical Society and therefore approved by them, a contract is given automatically on application.

It is true that in some areas throughout the country the number of rota-breakers has made it almost impossible to have a normal local rota service, but it should be borne in mind that this does not provide a guaranteed service to the public, as any rota-breaker can arbitrarily close at will any evening after normal contractual hours, and has no obligation to give a Sunday, Bank Holiday, etc, service unless

he thinks it might be profitable.

It is probable that at least two-thirds of all community pharmacies in England are managed — that is, the actual owner is either not on the premises or is not the pharmacist in charge, whatever name appears on the fascia. Fortunately many of these employee pharmacists do carry out rota duties without question and a number volunteer to be included in an out-of-hours urgent medicines scheme. But there is now an increasing number of five-day week, 9am to 5.30pm, community pharmacists who are permanently on an "excused duty" basis and are hardly as essential a part of the primary health care as Mr Howarth would wish — and may well feel themselves to be privileged class.

A few months ago David Coleman raised the subject of a proper night service by means of a special contract, as happens abroad in some countries, and it might well be the proper time for the Society and PSNC jointly to give serious thought to having an established emergency service planned as part of the primary health care services. The present and immediate future situation leaves open a number of questions as yet unanswered.

**P. W. Allen,**  
Aston Clinton, Bucks.

*In some superstore pharmacies — for example Safeway's at Verwood — it is possible to operate as a closed-off premises with direct public access from the concourse. — Editor.*

## ANNOUNCING

A NEW member of the **ROBINS'**

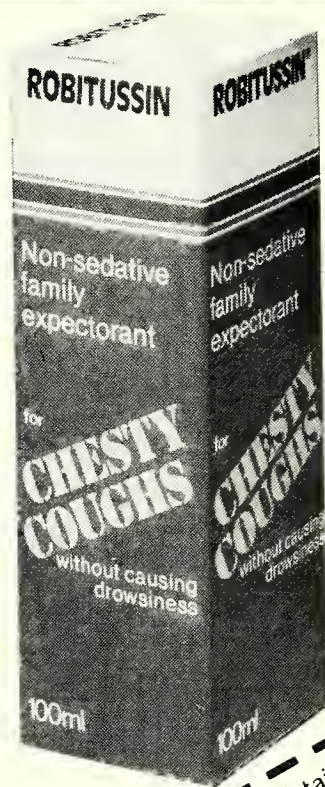


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## Sangers rebuilding to follow Agencies' death?

Sangers Agencies ceased to operate at the end of September after failing to improve their performance within Sangers Group plc this year, following a £887,000 loss in the year to February 8.

C&D understands that, as a result of these and other rationalisation measures, Sangers have reduced borrowings substantially and may shortly be in a position to rebuild by acquisition. Group overheads are now said to be very low. Sangers Agencies were generally believed to be operating successfully at the start of 1982 by both Sangers Group and the trade, and at one time employed around 16 sales persons. However, because they operated as principals rather than agents, purchasing stock directly from a manufacturer for whom they acted as sole distributor within pharmacy, much capital was tied up in stock. The high cost of operating a sales force combined with interest charges led to significant operating losses which could not be sustained.

Chief executive, Mike Flinn, told C&D: "To be successful acting as principal you have to have a much larger turnover, number of product lines and through-put to maintain the sort of overheads involved in selling." In his opinion Sangers Agencies had been a "good idea — but not thought through". They had failed to get either enough clients or a product that was a "must buy" for every pharmacy.

Of Sangers previous clients Kirby Warrick have set up their own sales force with some ex Agencies' representatives; Urocare are distributing their own products; E. N. Holloway look likely to use a transfer order system through pharmaceutical wholesalers; Gallia and Modo are being distributed by Jackel & Co Ltd (C&D September 25, p529); Sally Hansen have gone to Rigese Ltd; Varta and RHM Foods (Energen) have gone to DeWitt (C&D October 2 p614) and Philips Small Appliances are "looking at other ways of ensuring that the headway made in distributing products to small independents has not been in vain".

Mr Barry Coldbreath, for Philips, told C&D he was "very sad" that Sangers would not be handling their electrical products any more. "They did a very good job", he said.

For DeWitt, managing director Mr Leon Godfrey said the gaining of two major complimentary product groups, Varta and RHM Foods, would enable DeWitts to offer pharmacists "many of the opportunities which have been lost to other retail outlets in the past".

Mr Godfrey said DeWitt's head office management was being restructured in preparation for the expanding sales operation which would include introducing bonus deals on RHM and Varta products for a limited period. *See also Counterpoints p638.*

wholesaler is simply handing money over to the Government."

Mr Ritchie pointed out that the strength of the group's other divisions would enable it to live with the situation for as long as it persisted. "We are much better placed than most of our competitors to stand the rigours of a prolonged discount war and we intend to stay in that market on a permanent basis — while hoping that future events may improve the profitability of pharmaceutical wholesaling for everybody."

The most important trend during the past year has been the movement of profit centres within Macarthy's — until comparatively recently its fortunes were almost completely decided by the performance of the wholesale division. But in the year to April 1982 there was a reduction in profitability of that division from £3.66m to £2.7m. "A few years ago, that would have been a fairly disastrous

fall, since we simply did not have sufficient profitability in our other divisions to buffer the position to any extent. In this year, nearly half that profit reduction has been made up by profit increases in other divisions."

The chairman also referred to the current stock market strength of the pharmaceutical sector. Together with a number of other companies, Macarthy's share price had risen dramatically — but they made assumptions, principally on the level of future profits. "I think it is only right that we should take a slightly cautious view in that respect: our forecasts for the current year are reasonably optimistic: but when one is dealing, as we are in pharmaceutical distribution, with very high turnovers at quite low margins, relatively small variations in sales volumes can have marked effects — one way or the other — on final profitability. At this point, nearly half way through the current year, our rate of sales increase is holding up. So while we must express a note of caution, we can also remain cautiously optimistic."

Other divisions were, in general, progressing satisfactorily, said Mr Ritchie, though at the moment the surgical distribution business was being adversely affected by the industrial action in the hospital service. "Much of the turnover here is in high-volume, low margin goods, and volume is essential to maximise profits."

## Vestric 'appoint' advisor pharmacists

Vestric have appointed three community pharmacists as customer service advisors, to make sure that future improvements in all the company's services are linked directly with the needs of both retailers and hospital pharmacy customers.

Their chief function will be to act as unbiased and independent observers of all aspects of Vestric's performance and to maintain liaison on all possible areas of improvement, Vestric say. As well as representing to the company the views of retail and hospital pharmacists, the advisors will be involved in suggesting and developing areas of expansion and development and will act as a basis for preliminary market research.

Vestric will continue to welcome direct communication with individual customers, but the company believe many retailers may wish to channel observations through the three new advisors, who will arrange meetings with Vestric personnel as and when necessary.

Initially just three advisors have been appointed: J.A. (John) Newbould, Rother Pharmacies Ltd, 19 Kimberworth Road, Rotherham S61 1AB; R.B. (Barry) Harrison, 29 Church Street, Flint, Clwyd CH6 5NN; C.J. (Chris) Nicholson, Wooburn Green Pharmacy, 51 The Green, Wooburn Green, High Wycombe.

## Macarthy's on discounting: a gift to Government

All pharmaceutical wholesalers are giving away too much money to their customers and are not achieving adequate profits and cash retentions for themselves, Mr Alan Ritchie, chairman, told the annual meeting of Macarthy's Pharmaceuticals plc shareholders last week.

Although Macarthy's had become less dependent for total group profitability on pharmaceutical distribution, nobody can look at that market without expressing considerable concern for the long-term implications of its present discount structure, he said. And the situation was more than a little ironic. "As the result of wholesaler discounting, the DHSS has imposed the current 'clawback' on the chemist — so in practical terms the

# Prospect of even tighter margins

Manufacturer's margins in the UK pharmaceutical industry are likely to come under increasing pressure over the next few years, eventually leading to a split in the market, according to a recent survey. Margins as a whole are likely to contract due to factors such as ever-tighter competition, escalating R&D costs, and government cutbacks in health spending. The report argues that newly-introduced, sophisticated therapies in areas like chronic therapy will continue to enjoy a high premium however, which "reinforces the view that a two-tier market is beginning to develop."

An active research effort and the ability to produce "novel products in fast growing markets" will therefore be the principal determinant of success in the future. The report concludes that major UK firms in the industry ("in particular Glaxo") do appear to have the necessary strong research programmes. While 1982 profitability, in the absence of a further decline in sterling, is unlikely to expand at the same rate as in 1981, UK companies may expect to enjoy steady expansion of both sales and profits at home and in their major overseas markets.

Over the past three years the industry has maintained and often increased its profitability. Pharmaceuticals tend to escape the effect of reduced consumer spending in that the ultimate user pays "only a fraction" of the drug's true price. It is argued that this does not reflect the true cost behind the drug's production, R&D spending alone for the introduction of a single new drug being estimated as "up to £50m". The attitude of some regulatory authorities may be changing, however, and the new "fast track" process introduced in the USA for potentially important drugs is said to have made savings in both time and money possible.

The high level of price increases over the past two years cannot be expected to continue, but recent rationalisation programmes undertaken by many companies in the sector should soon start to yield productivity improvements and a better return on capital employed.

The UK still provides an attractive base for foreign-owned pharmaceutical companies, partly because highly-qualified staff are available relatively cheaply. In 1981 the UK market was rated sixth in the non-communist world, behind America, Japan, West Germany, France and Italy, with sales of \$ 2,560m — 3.4 per cent of the world market. The NHS consistently takes over 40 per cent of this output, with household medicine sales taking some 13-14 per cent and exports the remainder. *The British Pharmaceuticals Industry (£90), Jordan & Sons Ltd, Jordan House, 47 Brunswick Place, London N1 6EE.*



"I was going to put in for a concession, but now it looks as though I may get the lot!"

## PASL concessions to go ahead despite Woolworths sale

The recent acquisition of a controlling interest in Woolworths UK by investment consortium Paternoster Stores is unlikely to affect the planned opening of further Pharmacy Advisory Services concessions.

A spokesman for PASL told *C&D* the Cardiff concession would open up as planned towards the end of October (*C&D* September 25, p516). It is understood the agreements PASL made with the British management team are unlikely to be affected by the takeover. "PASL are still adopting a positive approach to the introduction of professional pharmacies.

"Whereas the existing management were looking at the possibility of upgrading Woolworth stores, the new people could well redefine the way that they do their business," the spokesman said.

Paternoster have now reached "irrevocable agreement" with US parent Woolworth World Trade Corporation regarding the purchase of their 53 per cent

controlling interest in the British company. An offer of £0.82 per share has been made to remaining shareholders, valuing the company at £310m. The shares stood at £0.55 on September 20 when they were suspended from trading, pending final announcement of the deal.

While intending that Woolworth should continue as a major British retailing chain, Paternoster recognise that a "detailed examination of its trading operations, assets and management" will be necessary. This review is likely to result in some changes in the company's trading policy.

Paternoster chairman John Beckett, formerly chief executive at British Sugar, has been at pains to stress that the consortium is not in the asset-stripping business. However, an examination of Woolworth's property assets is also to be undertaken, and "this review is likely to lead to some property disposals" he says. In addition Paternoster would expect Woolworth to carry out sale and lease-back operations on some sites.

Other members of the Paternoster board include deputy chairman Peter Firmston-Williams, former managing director of Asda Stores and director of BAT Stores. The company has yet to appoint a chief executive however.

## 'Livingston — I presume'

Pharmacists travelled from all over Scotland last week to tour Unichem's new Livingston branch which opened in June. More than 150 pharmacists plus their guests came along to the "At home" — the first in the new building — and one member, Mr Ralph Sim and his wife, travelled 230 miles from Fraserburgh for the occasion.

Unichem chairman, Mr Norman Sampson and managing director, Peter Dodd were there with nearly all of the Board directors and senior managers.

There were demonstrations of the Pride 2 pharmacy computer, plus Scriptwriter label printer, Unifiche and

Prosper, and for the occasion, Showrax shopfitters built a shop front and dispensary in the warehouse which is to be a permanent display.

## 7 with 1 blow

Vestric are well pleased with the response to their presence at Chemex — with no fewer than seven retail pharmacists signing on to join the Link system in the first day alone. Link was a main feature of the company's stand, which was constructed to resemble a section of one of their Vantage shops. Other exhibits included the Positive Health Guide range of books which become available this month for sale exclusively through Vestric.

*More Business News overleaf*

## Kuwaiti holding in Hoechst near 25pc

German chemicals giant Hoechst AG are now one-quarter owned by Kuwait Petroleum. The Kuwaiti government-owned oil company have built up a shareholding of just under 25 per cent over the course of the past two years. They have now made it clear to Hoechst that they do not intend to be a sleeping partner, but wish to combine their oil and raw material strength with Hoechst's chemical know-how.

Discussions on possible areas of co-operation between the two companies are already in progress. It is not yet clear whether Kuwait Petroleum will seek representation on the Hoechst board, but they seem to be deliberately keeping their stake under the 25 per cent mark, at which point Cartel office approval would be required under German law.

These details emerged at Hoechst AG's recent Autumn Press meeting, where chairman Professor Rolf Sammet also warned shareholders that the company was unlikely to be able to maintain their dividend at last years level of DM7, due to a particularly weak third quarter's trading.

## Wander form dietetics division

Wander Ltd, a subsidiary of Sandoz Pharmaceuticals, have a set-up a new Clinical Dietetics Division. They hope to combine the company's background in pharmaceuticals with experience in food technology gained from products such as Ovaltine. The new division's first product, Nutritionally Complete Supplemented Fasting Formula, is now available (see p633). Over the next few years they intend to launch a range of specialised products, for professionals in clinical nutrition, with an emphasis on providing answers for specific questions in the area.

## Fisons in £1m Australian purchase

Fisons have reached final agreement regarding the acquisition of Orbit Chemicals Pty Ltd, an Australian pharmaceutical manufacturing company. Orbit will be integrated with Fisons subsidiary Protea Pharmaceuticals. Protea and Orbit have co-operated closely since June 1979, and Fisons now hope to expand Orbit's capacity substantially in order to keep pace with the "rapid growth" of Protea sales in Australia and South-East Asia. Cost of acquisition will be approximately £1m.

## APPOINTMENTS

■ **British Overseas Trade Board:** Lord Jellicoe becomes chairman with effect from March 31 1983. He will succeed Lord Limerick, who has been chairman since May 1979.

■ **Tefal UK Ltd:** Vic Sarin is appointed to the newly-created post of personal care manager. He joins the company from House of Carmen, where he worked as national field sales manager. He was previously with Revlon.

■ **Pharmagen Ltd:** Mr Alan Shephard is appointed marketing and sales controller. He succeeds Mr Robert Brayne who recently left the company to take up a position as marketing manager with Roberts Laboratories.

■ **Vestric Ltd:** Mr Ken Howells is appointed retail sales training advisor. Here he will take charge of the companies programme of retail training seminars, developing the service in accordance with the needs of interested pharmacists. Mr Howells is a member of the Institute of Training and Development, and has spent over five years in retail pharmacies.

■ **Wilkinson Sword Group Ltd:** Mr Kenneth Grange is appointed consultant design director. He has been associated with the company for some time, and was involved in the development of their double edge and Royale razors. Mr Grange is currently engaged in the development of a variety of new products for the group. He is a founder partner of international consultancy Pentagram, and his past achievements include designing the exterior of British Rail's 125 high speed train.

## Briefly...

■ **Pharmagen Ltd** have been appointed distributors for Britannia Health Products Ltd.

■ **Gerhardt Pharmaceuticals Ltd** have appointed **Boileau & Boyd Ltd** as their exclusive distributors in the Irish Republic. All enquiries to Boileau & Boyd, Parkmore Industrial Estate, Long Mile Road, Dublin 12. Republic of Ireland.

■ **Dutom Meditech** have introduced a new service for the supply of animal blood, plasma and serum to the pharmaceutical and research industries. These blood products can be supplied on a contract basis in a variety of formats — sterile unrefined, heat inactivated or dialysed against an agreed buffer solution. Direct purchasing from Dutom allows the end-user substantial cost savings and gives tight supply and quality control, say the company. Further information from Dutom Meditech Ltd, Warwick Street, Birmingham B12 0NH.

## COMING EVENTS

### Monday, October 11

**Swindon Branch, Pharmaceutical Society,** King's Arms Hotel, Wood Street, Swindon at 8pm. Dr Gilliam C. Cardy, senior medical officer, Bath Area Health Authority, on "Family planning — what to tell the patient."

### Tuesday, October 12

**South East Metropolitan Branch, Pharmaceutical Society,** Lewisham medical centre, Lewisham Hospital, High Street, London SE13 6LH, at 8pm. Dr P. Collins, Wellcome Research, talks on Zovirax.

**Fife Branch, Pharmaceutical Society,** Anthony's Hotel, Kirkcaldy, at 7.45pm. Dr D.B. McClelland, Scottish National Blood Transfusion Service, on "Blood products — present and future."

**Leicestershire Branch, Pharmaceutical Society,** Postgraduate medical centre, Royal Infirmary, Leicestershire, at 8pm. Professor Peter Bell on "Medical Research in Leicester".

### Wednesday, October 13

**Macarthy's Ltd,** Holiday Inn, Armada Way, Plymouth. General trade show.

**Edinburgh and Lothian Branch, Pharmaceutical Society,** York Place, at 7.45pm. Chairman's welcome, followed by Mr Gilbert Summers, former marketing officer, Edinburgh Zoo on "Life at the Zoo."

**Epsom Branch, Pharmaceutical Society,** Bradbury Postgraduate medical centre, Epsom District Hospital, at 2.30pm. Community Pharmacy Seminar, with speakers on the ostomy patient, the incontinent patient and aspects of community nursing.

**Reading Branch, Pharmaceutical Society,** Postgraduate medical centre, Royal Berkshire Hospital, at 7.30pm. Mr Andrew B. Richards on "Ophthalmology."

### Thursday, October 14

**Bristol Branch, Pharmaceutical Society,** Postgraduate medical centre, Frenchay Hospital, at 8pm. Dr T. Hayes, consultant in metabolic medicine, University Hospital of Wales on "Insulins."

**Plymouth Branch, Pharmaceutical Society,** Board Room, (Old Police Station) Greenbank, at 8pm. Mr Leslie G. Matthews on "Antiques." Members welcome to bring own pieces.

### Friday, October 15

**Hull Pharmacists' Association and Hull Medical Society,** Postgraduate medical centre, Hull Royal Infirmary, at 8pm. Dr A. Hollman, cardiac department, University College Hospital, London, on "The Chelsea Physic Garden."

### Advance Information

**Swindon Branch, Pharmaceutical Society,** Yeovil District Hospital, Wednesday, October 13. One day refresher course on "Treatment and Management of pain." Details from Mr G.H.H. Hill, 223 Ferndale Road, Swindon, telephone 34207.

**Swindon Branch, Pharmaceutical Society,** Livermead Hotel, Torquay, October 16-17. Residential refresher course on Cardiovascular diseases. Details from Mr G.H.H. Hill, 223 Ferndale Road, Swindon, telephone 34207.

**Isle of Wight, Pharmaceutical Society,** Polygon Hotel, Southampton, Sunday, October 31 commencing 10am. Postgraduate course on Diabetics. Course fee of £14 to Dr J.C. Morrison, School of Pharmacy, Portsmouth Polytechnic. Further details Mr A.W. Newberry, telephone Bembridge 2980.

**Sherwood Branch, Pharmaceutical Society,** Clinical sciences buildings, Leicester Royal Infirmary, Wednesday, November 3 at 8pm. Sherwood Lecture 1982 by Sir John Butterfield, Regius Professor of Physics at Cambridge University School of Clinical Medicine, past chairman Medicines Commission, on "A diabetic tale." Applications to Mr G.M. Watson, 36 Queens Drive, Beeston, Nottingham, before October 27.

**Pharmaceutical Society,** 1 Lambeth High Street, London SE1, Wednesday November 3, at 7pm. Harrison Memorial Lecture by Mr F. Fish, Dean of the School of Pharmacy, University of London, entitled "Nothing new."

**Royal Society,** 6 Carlton House Terrace, London SW1, Thursday, November 4 at 4.30pm. The Leeuwenhoek Lecture by Professor H. Umezawa, Institute of Microbial Chemistry, Tokyo, on microbial products in the curing of cancers. Notice of attendance to Executive Secretary, Royal Society, 6 Carlton House Terrace, London SW1Y 5GA. (ref SL6/CAJ), telephone 01-839 5561, ext 278.

**Oyez Scientific and Technical Services Ltd,** Bath House, 56 Holborn Viaduct, London EC1A 2EX, December 7-8. Two day training course — introduction to "Industrial hygiene and toxicology — practical guide-lines for industry." Details from Miss Lesley Claff, Oyez Scientific and Technical Services Ltd. Telephone 01-236 4080.

**Royal Society,** 6 Carlton House Terrace, London SW1, Wednesday, December 15. The Wellcome Foundation Lecture — "Opioid peptides and their receptors" — by Mr H.W. Kosterlitz, unit for research on addictive drugs, University of Aberdeen. Notice of attendance to Executive Secretary, Royal Society, 6 Carlton House Terrace, London SW1 (ref WFP/UMAM). Telephone 01-839 5561, extension 223.

**Leicestershire Branch, Pharmaceutical Society,** Postgraduate lecture theatre, Leicestershire Royal Infirmary, at 8pm. Series of postgraduate lectures commencing: October 18, "Introduction to the physiology of lung function," October 25, "Obstructive airways disease — the acute treatment," November 15, "Drug administration techniques — a presentation dealing with practical aspects of inhalation and nebuliser therapy," November 22, "Drug selection and the

pharmacists role — a discussion of theoretical and practical aspects of drug selection." Details from Mr Michael Burden, 105 Scraptoft Lane, Leicester, telephone home 767694, work 552020.

**North West Thames Regional Health Authority**, Clinical Lecture Theatre, Northwick Park Hospital. Series of four study days, November 21, January 9, 1983, February 6, 1983, and March 6, 1983, from 10am to 5pm. Course fee £15, payable at registration. Day 1 — Alimentary tract problems. Day 2 — Developing communication skills and paediatrics. Day 3 — The respiratory tract and ENT problems. Day 4 — The pharmacy ethic and geriatric problems. Applications to the Course Organiser, Division for Graduate Education, Department of Pharmacy, Chelsea College, Manresa Road, London SW3. Telephone 011-351 2488, extension 2415.

**Trent Regional Health Authority**, Postgraduate education courses: Autumn 1982.

Post graduate medical centre, Doncaster Royal Infirmary, Thursdays October 14, 21 and 28, at 7.30pm. Provisional titles: Parasitic infections, ear, nose and throat problems, fungal infections. Applications to Mr T.H. Furber, Regional Pharmaceutical Officer, Trent RHA, Fulwood House, Old Fulwood Road, Sheffield.

Postgraduate medical centre, Lincoln County Hospital, Lincoln, October 28, "Ophthalmology — Part 2" and December 2 "Myocardial Infarction" at 8.15pm. Applications to Course Organiser, Mr C. Hardman, Staff Pharmacist, Lincoln County Hospital, Sewell Road, Lincoln.

Postgraduate medical centre, Pilgrim Hospital, Boston, October 13 — "The Pharmacists and the Gynaecologists" and November 30 — "The Pharmacists and the Dermatologists" at 7.30. Applications to Course Organiser, Mr B.H. Thompson, Principal Pharmacist, Pilgrim Hospital, Boston.

Postgraduate medical centre, Derbyshire Royal Infirmary, Derby, October 11 and 25. November 8 and 22. Diseases and treatment in ENT, dentistry and ophthalmology at 8pm.

Applications to Course Organiser, Mrs J. Peacock, Principal Pharmacist, Kingsway Hospital, Derby.

Postgraduate medical centre, Nottingham City Hospital, Nottingham, November 16, lecture on "Computer skills," November 30, December 7 lectures on "Communication skills." Applications to Course Organiser, Miss M. Burdett, 36 Beech Avenue, Keyworth, Nottingham.

# MARKET NEWS

## Glycerin easier

London, October 5: For the second time in a few months glycerin has dropped in price. With the second reduction, which became effective this week, the 5-metric ton rate at £810 per ton is now £50 lower than it was three months ago. On the other hand glucose monohydrate was increased recently by £26 metric ton.

Among botanicals Cape aloes for shipment was up by £15 metric ton during the week and cherry bark by £40.

Dandelion remains unquoted in both positions and also gentian root on the spot, although a parcel of the latter for shipment was offered at £2,800 metric ton. In spices pepper was lower in the forward position but chillies were dearer.

Essential oils had another quiet week's trading with few price movements.

### Crude drugs

**Aloes:** Cape spot unquoted; £1,365 metric ton, cif. Curacao no spot or cif.

**Benzoin:** £134 cwt, cif.

**Cherry bark:** No spot; £1,560 metric ton, cif.

**Chillies:** Chinese £1,650 metric ton; powder £925 per metric ton spot.

**Gentian root:** No spot; £2,800 metric ton, cif.

**Kola nuts:** £225 metric ton spot; £230, cif.

**Menthol:** (kg) Brazilian £6.85 spot; £6.60, cif. Chinese £6.30 spot; £6.45, cif.

**Nux vomica:** No offers.

**Pepper:** (metric ton) Sarawak black £870 spot, \$1,250, cif; white £1,300 spot; \$1,600, cif.

**Seeds:** (metric ton, cif). **Anise:** China star £2,400. **Celery:** Indian £700. **Coriander:** Moroccan £320. **Cumin:** Indian £1,150. **Fennel:** Chinese £900. **Fenugreek:** Turkish £290; Indian £290.

### Essential and expressed oils

**Anise:** (kg) Spot £12; £11.50, cif.

**Cinnamon:** Ceylon leaf £3.40 kg spot; £3.25, cif; bark; English-distilled, £155.

**Clove:** Indonesian leaf £2.40 kg spot; £2.25, cif. English distilled bud £57 spot.

**Eucalyptus:** Chinese £2.85 kg spot; £2.95, cif.

**Ginger:** Chinese No offers spot; 15kg, cif, English, distilled (ex W. African root) £78; ex Indian £85.

### Pharmaceutical chemicals

**Acetarsol:** £25 kg in 50-kg lots.

**Acetic acid:** 4-ton lots, per metric ton delivered — glacial BPC £398, 99.5 per cent £381, 80 per cent grade pure £345; technical £324.

**Acetone:** £480 metric ton for 30-drum lots.

**Adrenaline:** (per g) 1 kg lots base £0.35; acid tartrate £0.30.

**Aluminium hydroxide:** BP dried gel £1.70 kg in 200 kg lots.

**Ammonium acetate:** BPC 1949 crystals £1.14 kg in 50-kg lots.

**Ammonium bicarbonate:** BPC £234.77 metric ton, ex-works, in 50-kg bags.

**Ammonium tartrate:** Commercial £3.29 kg in 50-kg lots.

**Amylobarbitone:** Less than 100-kg £21.90 kg; sodium £24.20.

**Ascorbic acid:** (per kg) 25-kg £6.05; 500-kg £5.50-£5.78 as to source; coated £6.27 — (25-kg lots).

**Aspirin:** Ten-ton lots from £1.90 kg for imported material.

**Atropine:** (per kg in ½-kg lots) Alkaloid £220; methonitrate £205; sulphate £193.

**Benzocaine:** BP in 50-kg lots, £7.50 kg.

**Benzoic acid:** BP in 500-kg lots, £0.8801 kg.

**Biotin:** Crystals £5.51 per g; in 10-g lots.

**Bismuth salts:** £ per kg.

	50-kg	250-kg
salicylate	12.06	£11.75
subcarbonate	7.50	7.26
subnitrate	5.73	5.59

**Borax:** EP grade, 2-4 ton lots per metric ton in paper bags, delivered — granular £346, powder £376, extra fine powder £393.

**Boric acid:** EP grade per metric ton in 2-4 ton lots — granular £507; powder £540.

**Bromides:** **Ammonium potassium, sodium** per metric ton in 50-kg lots £1,000; 250-kg lots £975; 1,000-kg £950.

**Brucine sulphate:** £45 kg.

**Butobarbitone:** Less than 100 kg £26.20 per kg.

**Caffeine:** BP anhydrous £4.20 kg for 250-kg minimum.

**Calamine:** BP £796 per 1,000-kg delivered.

**Calcium ascorbate:** £7.38 kg in 25-kg pack.

**Calcium carbonate:** Precipitated BP £285 metric ton delivered UK.

**Calcium chloride:** BP powder anhydrous 96/98% £1.53 kg in 50-kg lots; hexahydrate crystals BP 1968 £1.19.

**Calcium gluconate:** £2.105 per metric ton.

**Calcium lactate:** 100-kg lots £1.37 kg.

**Calcium pantothenate:** £8.25 kg in 25-kg lots.

**Carbazochrome:** technical £60 kg; sodium sulphonate £105 kg.

**Carbon tetrachloride:** BP 5-ton lots in 290-kg drums £305 per metric ton.

**Carotene:** Beta — 10% £32.01 kg (5-kg lots); 20% suspension £41.25 kg (5-kg).

**Chloral hydrate:** 50-kg lots £2.55 kg.

**Chloramphenicol:** *levo* BP '80 £20 kg in 500-kg lots.

**Chloroform:** BP in 180-litre drum from £1.24 per litre for one drum lots down to £0.99 for 39 drums. In 2-litre bottle £3.20 each for 175 litres; £2.50 for 7,000 litres.

**Choline:** (50-kg lots) dihydrogen citrate £3.40 kg; chloride pure £4.95.

**Cinchocaine:** (5-kg lots) base and hydrochloride £125 kg.

**Citric acid:** BP per metric ton single deliveries, granular monohydrate £841; anhydrous £887 (powdered £25 premium per 1,000 kg).

**Clioquinol:** BP 80 500-kg lots £23.25 kg.

**Cocaine:** Alkaloid £1,076 kg; hydrochloride £947.70.

**Cyanocobalamin:** per g £2.60 in 100-g lots; imported £3.25 in 1-kg lots.

**Dexpanthenol:** (per kg) £10.89 in 5-kg lots.

**Dextromethorphan:** £161.70 in 5-kg lots.

**Dihydrocodeine bitartrate:** £535 kg in 20-kg lots, Subject to Misuse of Drugs Regulations.

**Ephedrine:** (Per kg), hydrochloride £12.50 in 250-kg lots.

**Ergometrine maleate:** £6.36 in 50-g lots.

**Ergotamine tartrate:** £4.25 g in 50-g lots.

**Ether:** BP anaesthetic 2-litre bottle £4.42 each for lots of 175 bottles; in 130-kg drum £1,850 metric ton. BP solvent in 130-kg drum £1,340 metric ton.

**Ethisterone:** £280 per kg.

**Ferric citrate:** £5 kg in minimum 250-kg lots.

**Ferrous fumarate:** BP £1.40 kg in 750-kg lots minimum.

**Ferrous gluconate:** £2.495 per metric ton.

**Ferrous sulphate:** Dry £590 metric ton.

**Folic acid:** 100-kg lots from £63 kg.

**Formic acid:** per metric ton delivered in 4-ton lots, 98 per cent £400; 85 per cent £334.

**Glucose:** (Per metric ton in 10-ton lots) — monohydrate £335; liquid 43° Baumé £351.50 (5-ton lots); naked 18-tons lots £290.25.

**Glycerin:** In 250-kg returnable drums £810 metric ton in 5-ton lots; £835 in 3-ton lots.

**Homatropine:** Hydrobromide £145 kg; methylbromide, £138 — both in ½-kg lots.

**Hydrogen peroxide:** 35 per cent £348 metric ton.

**Hydroquinone:** 50-kg lots £3.08 kg.

**Hypophosphorous acid:** (Per metric ton in 50-kg lots). Pure 50% £4,547.50.

**Iodides:** (Per kg) **Ammonium** £14.50 (50-kg lots); **potassium** £9.35 (250 kg); **sodium** £12.35 (50 kg).

**Iodine:** Resublimed £11.10 kg in 250-kg lots; crude 99.5% £8.50 in 500-kg lots.

**Iodoform:** USNF £17 kg in 50-kg lots.

**Isoetharine hydrochloride:** £170 kg for 1-kg lots.

**Isoniazid:** BP 1973 £5.00 kg in 300-kg lots.

**Isoprenaline:** Hydrochloride £65 kg; sulphate £60 per g for 1-kg lots.

**Kaolin:** BP natural £199.30 per 1,000 kg; light £208.10 ex-works in minimum 10-ton lots.

**Lactic acid:** BP 88/90% £1.80 kg in 70-kg drum.

**Labeline:** Hydrochloride BPC and sulphate £1.49.

**Magnesium carbonate:** BP per metric ton — heavy £800; light £600-£645 as to maker.

**Magnesium chloride:** BP crystals £1.21 kg for 50-kg lots.

**Magnesium dihydrogen phosphate:** Pure £2.45 kg in 50-kg lots.

**Magnesium hydroxide:** (metric ton) £1,650; 28 per cent paste £550.

**Magnesium oxide:** BP per metric ton, heavy £1,700; light £1,600.

**Magnesium sulphate:** BP £147.10-£150 metric ton; commercial from £130; exsiccated £310.60.

**Magnesium trisilicate:** Light £0.80 kg; heavy £0.79 kg in minimum 900-kg and 1,200-kg lots respectively.

**Mercurials:** Per kg in 50-kg lots; ammoniated £15.20; oxide — red £16.30; and yellow £16.05; perchloride £8.85; subchloride £12.10; iodide £15.

**Mersalyl:** Acid £80.85 kg in 10-kg lots; £77 kg in 24-kg lots. £82.06 kg for 24 kg.

**Methadone hydrochloride:** £330 per kg. Subject to Misuse of Drugs Regulations.

**Methyl salicylate:** 5-ton £1.73 kg; 1-ton £1.78.

**Metol:** Photo grade per kg, 50-kg lots £9.90.

**Nicotinamide:** £4.42 kg in 50-kg lots.

**Nicotinic acid:** £4.18 kg in 50-kg lots.

**Noscapine:** Alkaloid: £33 kg for 100-kg; hydrochloride £36.30.

**Opiates:** (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations — Codeine alkaloid £600-£604 as to maker;

hydrochloride £520; phosphate £460.50-£462; sulphate £520.

**Diamorphine alkaloid** £821; hydrochloride £748.

**Ethylmorphine hydrochloride** £585.50-£591.

**Morphine** alkaloid £667-£668; hydrochloride and sulphate £544-£545.

**Oxalic acid:** Recrystallised £1.83 kg for 50-kg lots.

**Papaveretum:** £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.

**Paracetamol:** (Per kg) 10-ton contracts from £2.80 to £3.10; 1-ton £3.15. Premium for d/c £0.45 kg.

**Paraffin liquid:** BP £0.717 litre on 210 litre drums; light BPC 1963 £0.644; Technical white oil WA23 £0.632; WA21 £0.661.

**Pentobarbitone:** Less than 100-kg £29.45 kg; sodium £31.23.

**Pethidine hydrochloride:** 10-kg lots £73.40 kg. Subject to Misuse of Drugs Regulations.

**Petroleum jelly:** BP soft white grade 54 £526 metric ton; grade 56 £485 delivered UK in 170-kg drums; yellow BP in grade 60 £526 in 174 kg drums.

**Phenylephrine hydrochloride:** £89 kg in 50-kg lots; £92 in 10 kg.

**Phosphoric acid:** BP sg 1,750 £0.5773 kg in 38-drum lots minimum.

**Pholcodine:** 1-kg £538; £493 kg in 60-kg lots. Subject to Misuse of Drugs Regulations.

**Phthalylsulphathiazole:** 50-kg lots £6.68 kg.

**Physostigmine:** Salicylate £3.33 per g; sulphate £4.27 in 100-g lots.

**Pilocarpine:** Hydrochloride £532.43 kg; nitrate £527.03.

**Potassium ammonium tartrate:** £2.76 kg in 50-kg lots.

**Potassium bitartrate:** £1,050 per metric ton.

**Potassium citrate:** Granular £1,010 per metric ton. 5-ton contracts £1,002 ton.

**Potassium diphosphate:** in 50-kg lots; powder £2,110 metric ton ex works.

**Potassium hydroxide:** Pellets BP 1963 in 50-kg lots £2,285.10 metric ton; technical flakes £766 ex works.

**Potassium nitrate:** Recrystallised £1.72 for 50-kg drums.

**Potassium phosphate:** monobasic BPC 1949. £1.79 kg in 50-kg lots.

**Pyridoxine:** £21.55 kg for 20-kg lots.

**Quinalbarbitone:** Sodium in 50-kg lots £32.65 kg.

**Reserpine:** unquoted.

**Riboflavin:** (Per kg) £24.62 in 10-kg packs, diphosphate sodium £80.30 in 5-kg.

**Saccharin:** BP sodium, powder £3.50 kg; crystals £3.30, both for 250-kg lots.

**Salicylic acid:** 5-ton lot £1.75 kg; 1 ton £1.79.

**Sodium acetate:** BP crystals £0.90 kg in 50-kg.

**Sodium acid phosphate:** BP crystals £1.24-£1.49 kg as to source for 50-kg lots.

**Sodium ascorbate:** 100-kg lots £5.41 per kg.

**Sodium benzoate:** £0.70 kg in 500-kg lots.

**Sodium bicarbonate:** BP from £168.40 metric ton as to grade in minimum 10-ton lots delivered UK.

**Sodium chloride:** Vacuum dried in 10-ton lots delivered London 4-ply bags £52.55 metric ton.

**Sodium citrate:** Granular £841 metric ton; powder £866. Five-ton contracts £835 for granular — all in lined bags.

**Sodium fluoride:** in 50-kg lots £2.43 kg ex works.

**Sodium gluconate:** Technical £825 metric ton.

**Sodium hydroxide:** Pellets BP 1973 in 50-kg lots £0.96-£1.90 kg ex works.

**Sodium nitrate:** BPC Recrystallised £1.44 kg for 50-kg lots.

**Sodium nitrite:** BPC 1973 £1.51 for 50-kg.

**Sodium perborate:** (per 1,000 kg) monohydrate £723; tetrahydrate £430.

**Sodium percarbonate:** £567 per metric ton.

**Sodium sulphate:** Fine crystals BP £109 per metric ton, pea crystals £131.20; commercial £43.10 ex works.

**Sodium sulphite:** Crystals £0.216 kg (500 kg minimum).

**Sodium thiosulphate:** photo grade £282 per metric ton; £264.50 ton in 4-ton lots.

**Sorbitol:** Powder £790 metric ton; syrup £395-£410 as to grade.

**Stilboestrol:** BP in 25-kg lots, £197.50 kg.

**Strychnine:** Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg 5-10 kg lots.

**Succinylsulphathiazole:** £10.20 kg in 50-kg lots; imported £6.20 (250-kg).

**Sulphacetamide sodium:** BP £7.20 kg for 50-kg.

**Sulphadiazine:** BP 68 £5 kg in 250-kg lots.

**Sulphadimidine:** £4.60 kg for imported in ½-ton lots.

**Sulphamethizole:** £14.80 kg in 250-kg lots.

**Sulphanilamide:** BPC '68 £2.20 kg in 1-metric ton lots.

**Sulphaquinoxaline:** BP Vet £15.29 kg; sodium salt £20.90 in 500-kg lots.

**Sulphathiazole:** BP 1973, £4 kg in ½-ton lots.

**Talc:** BPC sterilised £701 metric ton in 50-kg; £434 for 1,000-kg lots.

**Tartaric acid:** £1,795 per metric ton.

**Tetracycline:** Hydrochloride £14 kg in 250-500 kg lots.

**Theobromine:** Alkaloid; limited quantities about £25 kg.

**Theophylline:** Anhydrous and hydrous £5.63 kg in 100-kg lots — ethylene diamine £6.08 kg.

**Thiamine:** Hydrochloride / mononitrate £18.43 kg in 20-kg lots of British origin; 500-kg £17; imported £17.

**Tocopherol:** DL alpha 5 kg £17.05 kg.

**Tocopheryl acetate:** DL-alpha per kg £14.30 (in 20-kg lots); adsorbate £13.42 (25-kg); spray-dried £11.83.

**Vitamin A:** (per kg) acetate powder ½ miu per g £17.55 (5 kg lots); palmitate only concentrate 1 miu per g £17.27 (5-£); water miscible £4.84 litre (6-litre pack).

**Vitamin D2:** Type 850 £49.50; type 80 £5.61 kg (25-

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## Appointments

Brent & Harrow Area Health Authority  
**SHENLEY HOSPITAL**  
Shenley, Radlett, Herts  
Part-time

## PHARMACIST (Grade 1)

The principal duties are concerned with  
dispensing medicines for patients going on leave.  
There are adequate supporting staff.

Hours: Approximately 15 hours per week by  
arrangement.

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Further information may be obtained from Mrs  
R. Bishop, Principal Pharmacist, Shenley  
Hospital, Shenley, Radlett, Herts. Tel: Radlett  
5631, Ext.253.

Application form and job description can be  
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telephone Radlett 5631, Ext.202.

Closing date for receipt of applications 1st  
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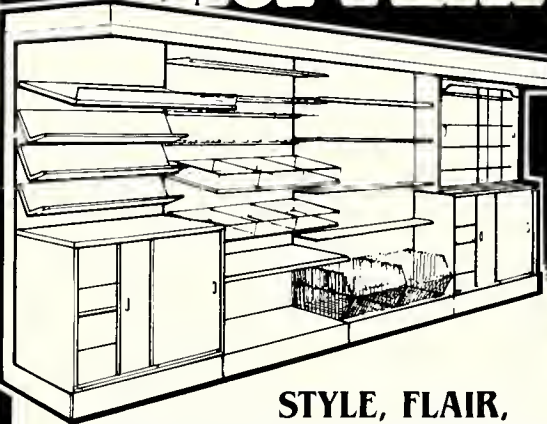
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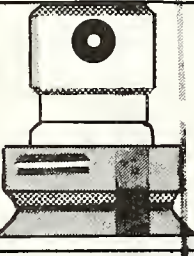
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